

7.0 Indicator Logic and Report and Patient List Formats

This chapter defines in detail the logic for the denominator and numerator for each indicator, including the formats for reports and for associated patient lists.

7.1 Indicator Report Basics

7.1.1 Logic Example

The GPRA indicator example used in section 3.2.2 above was Indicator # 7 Pap Smear Rates: Maintain the proportion of eligible women who have had a pap smear documented within the past three years at the FY 2002 rate.

For GPRA+, the indicator definition becomes:

- Denominator: Females ages 18 through 64, excluding documented history of hysterectomy. (The clinical “owner” of the indicator has determined based on current medical guidelines that “eligible” women are defined as ages 18-64.)
- Numerator: patients with documented pap smear or refusal in past three years; displays refusals separately.

For the programmer, indicator #7 is described in terms of the following logic:

- Begin with the IHS User Population definition (see section 7.1.4) and find the subset of females ages 21 through 64 on the beginning day of the Report period (the difference between the age range 18-64 in the definition and 21-64 in the logic is because the software looks back 3 years for a test when a patient who is currently 21 would have been 18);
- Exclude patients with documented hysterectomy by searching the V Procedure file for procedure codes V45.77, 68.3-68.7 or 68.9 any time before the end of the Report period.
- For this denominator, check for a pap smear in the following ways:
 - 1) V Lab is checked for a lab test called PAP SMEAR.
 - 2) Purpose of Visits are checked for a Diagnosis of V76.2-SCREEN MAL NEOP-CERVIX.
 - 3) Purpose of Visits are checked for a Diagnosis of V72.3 - GYNECOLOGIC EXAMINATION.
 - 4) Procedures are checked for a procedure of 91.46.
 - 5) V CPT is checked for the following CPT codes: a) 88141-88150; b) 88152-88158; c) 88164-88167.
 - 6) The Women’s Health Tracking package is checked for documentation of a procedure called Pap Smear.

For a detailed description of the logic for each indicator included in GPRA+, see *Section 7.2 Logic and Formats by Indicator*.

7.1.2 GPRA+ Denominator Definitions

The denominator is the total population that is being reviewed for a specific indicator. Traditionally, GPRA indicators have used the standard IHS User Population definition to define the denominator for most GPRA clinical indicators.

IHS User Population is defined as:

- Indian/Alaskan Natives Only – based on Classification of 01 – Indian/Alaskan Native. This data item is entered and updated during the patient registration process.
- Must reside in a community specified in the community taxonomy specified by the user.
- Must be alive during the entire time frame.
- Must have been seen at least once in the 3 years prior to the end of the time period, regardless of the clinic type.

In FY 2003, a second denominator was developed specifically for clinical indicators that was felt to be more representative of the active clinical population.

Active Clinical population is defined as:

- First three definitions from IHS User Population, and
- Must have *two* visits to medical clinics in the past three years. At least one visit must be to one of the following medical clinics:

01	General	24	Well Child
02	Cardiac	28	Family Practice
06	Diabetic	31	Hypertension
10	GYN	70	Women's Health
12	Immunization	80	Urgent
13	Internal Medicine	89	Evening
20	Pediatrics		

The second visit can be EITHER to one of the core medical clinics listed above OR to one of the following medical clinics:

03	Chest And TB	32	Postpartum
05	Dermatology	37	Neurology
07	ENT	38	Rheumatology
08	Family Planning	49	Nephrology
16	Obstetrics	50	Chronic Disease
19	Orthopedic	69	Endocrinology
23	Surgical	75	Urology
25	Other	81	Men's Health Screening
26	High Risk	85	Teen Clinic
27	General Preventive	88	Sports Medicine

GPRA+ uses different denominators depending on the report type (see Section 5.0 *Reports and Patient Lists* for definitions of the different report types).

Report Type	Denominator Definition
Local	<ul style="list-style-type: none"> • IHS User Population • Active Clinical population • Indicator-specific definition (some indicators)
GPRA Report	<ul style="list-style-type: none"> • IHS User Population or indicator-specific definition, if available
Annual Area Performance Report	<ul style="list-style-type: none"> • Active Clinical population or indicator-specific definition, if available

7.1.3 Diabetes-specific Denominators

The Diabetes indicators use two denominator descriptions *in addition* to the User Population and Active Clinical population descriptions detailed in the previous section. Diabetes indicators include 1-6, 15, and A. Additionally indicators 25, 26, 30-1, 30-2, and C-1 use diabetic patients as one of multiple denominators.

For the core Diabetes indicators (1-6), the denominators are defined below. Denominator 3 Active Diabetics has been defined as the denominator used for national GPRA reporting.

Denominator 1: All GPRA User Population patients diagnosed with diabetes (250.00-250.93) at least one year prior to end of Report period.

Denominator 2: All Active Clinical patients diagnosed with diabetes (250.00-250.93) at least one year prior to end of Report period.

Denominator 3 (GPRA Indicator): Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report Period (Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-related visits ever.

NOTE: Denominator 3 is used as the basis for all other indicators containing a denominator description of diabetic patients.

Denominator 4 (HEDIS-based Indicator): Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are 19 or older at the beginning of the Report period, 2) whose first ever DM diagnosis occurred at least one year prior to the end of the Report period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the year prior to the end of the Report period; and 5) never have had a creatinine value greater than 5.

Denominator 4 uses DM AUDIT CREATINE TAX taxonomy to determine creatinine tests.

The Diabetes Program defines “primary clinic” as the following clinic codes:

01	General	20	Pediatrics
06	Diabetic	24	Well Child
13	Internal Medicine	28	Family Practice

7.1.4 Age Ranges

For the purposes of GPRA+ reports, the age of a patient is calculated at the beginning of the Report period. E.g., for a Current Report period October 1, 2001 through September 30, 2002, Jane Doe is defined as age 64 if her birth date is October 10, 1936, even though she becomes age 65 during the Report period.

7.1.5 Report Cover Page Format

The Cover Page for each report appears in the following format (Figure 7-1 below with key elements described).

- ❶ **Report Type:** the top line of the cover page describes whether the report is Local, GPRA or Area Annual Performance Report.
- ❷ **Report Time Periods:** described the Current Report time period, as well as the Previous and Baseline periods. All report periods encompass one year.
- ❸ **Run Time:** records how long this Report took to run. Run time depends on many factors, including RPMS server type and size, number of patients in your RPMS database, and the number of indicators you are running.

- ④ **Denominator Definitions:** describes the definition of the key denominators for the specific report. GPRA Report uses the User Population definition only; the Area Annual Performance report uses the Active Clinical definition. Definitions are provided on each Cover Page so that any user who runs the report will understand the logic.
- ⑤ **Output File information:** if a user has designated that a delimited file be created, the file name will appear here. For the GPRA and Area Annual Performance reports, the name of the export file will also be shown.
- ⑥ **Communities List:** a list of all communities and facilities included in the Community taxonomy (see section 4.1.2) selected for this Report will be displayed.

1	<p>*** IHS FY03 Local Clinical Performance Indicator Report ***</p> <p>Date Report Run: Mar 05, 2003</p> <p>Site where Run: DEMO SITE</p> <p>Report Generated by: LAST,FIRST</p> <p>Reporting Period: Oct 01, 2001 to Sep 30, 2002</p>
2	<p>Previous Year Period: Oct 01, 2000 to Sep 30, 2001</p> <p>Baseline Period: Oct 01, 1998 to Sep 30, 1999</p>
3	<p>RUN TIME (H.M.S): 0.15.33</p>
4	<p>Denominator Definitions Used in this Report:</p> <p>GPRA USER POPULATION:</p> <p>1. Indian/Alaskan Natives Only - based on Classification of 01 - Indian/Alaskan Native. This data item is entered and updated during the patient registration process.</p> <p>2. Must reside in a community specified in the community taxonomy specified by the user.</p> <p>3. Must be alive during the entire time frame.</p> <p>4. Must have been seen at least once in the 3 years prior to the end of the time period, regardless of the clinic type.</p> <p>ACTIVE CLINICAL POPULATION:</p> <p>1. Definitions 1-3 above.</p> <p>2. Must have 2 visits to medical clinics in the 3 years prior to the end of the Report period. At least one visit must include: 01 General, 02 Cardiac, 06 Diabetic, 10 GYN, 12 Immunization, 13 Internal Med, 20 Pediatrics, 24 Well Child, 28 Family Practice, 31 Hypertension, 70 Women's Health, 80 Urgent, 89 Evening. See User Manual for complete description of medical clinics.</p> <p>A delimited output file called testlocd</p> <p>has been placed in the public directory for your use in Excel or some other software package.</p> <p>See your site manager to access this file.</p>
5	<p>The following communities are included in this report:</p>
6	<p>FACILITY #1</p> <p>FACILITY #2</p> <p>FACILITY #3</p> <p>FACILITY #4</p> <p>SITE,RURAL</p> <p>SITE,URBAN</p>

Figure 7-1: Report Cover Page Sample

7.1.6 Report Summary Format

For each indicator, the GPRA+ reports display the following information for each of the three time periods:

- the count of the number of patients in the denominator;
- the count of the number of patients within that denominator who meet the numerator definition;

- the percentage of the total patients in the denominator who meet the numerator, i.e., $[\text{Numerator Count}] / [\text{Denominator Count}] * 100$; and
- the change from the Current Report period from either of the past time periods, calculated as an absolute value (see 9 below).

The following example of a summary report page (Figure 7-2) shows the key elements.

- ❶ **Report Date:** displays the date that the report was run.
- ❷ **Report Type:** the top line of the cover page describes whether the report is Local, GPRA or Area Annual Performance Report
- ❸ **Report Time Periods:** describes the Current Report time period, as well as the Previous and Baseline periods.
- ❹ **Indicator Title:** displays the indicator identifier and short title. GPRA indicators are identified as numeric (e.g., 7 Women's Health: Pap Smear); developmental indicators are identified as letters (e.g., B Colorectal Cancer Screening).
- ❺ **Denominator Definition(s):** the specific and detailed definitions for each denominator for the individual indicator. Local reports will have 2-4 denominators for most indicators. The Local report will also define which denominator is the GPRA indicator; this denominator only will appear on the GPRA Report.
- ❻ **Numerator Definition(s):** detailed definition of each numerator for the indicator. Some numerator definitions will include specific codes searched for, if the description is not too long.
- ❼ **Indicator Definition:** the general definition for the indicator. GPRA indicator definitions are excerpted directly from the FY03 GPRA Indicator definitions (see Appendix A: FY03 and FY04 GPRA Indicators with JCAHO Crosswalk).
- ❽ **Indicator Goal(s):** Details IHS past performance for FY 2001 and/or FY 2002, if any (for GPRA indicators), generally displayed as percent (%). Also displays any performance targets established by IHS for FY 2010 or the Healthy People 2010 target (see Section 3.1.3 Comparing Ourselves to National Guidelines).
- ❾ **Current Report Period Change from Past Years:** calculates the change in the percent (%) from either the Previous Year or the Baseline Year to the Current Report period. GPRA+ FY03 uses the absolute difference between the first percentage and the second percentage, e.g., $[\text{Report Period \%}] \text{ minus } [\text{Base Period \%}] = \text{Change}$. The direction of the change is indicated by a "+" (plus) or "-" (minus). The "+" indicates that the Current Report percent is larger than the past period.

1

WBM

Mar 05, 2003

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2

*** IHS FY03 Local Clinical Performance Indicator Report ***

DEMO SITE

Report Period: Oct 01, 2001 to Sep 30, 2002

3

Previous Year Period: Oct 01, 2000 to Sep 30, 2001

Baseline Period: Oct 01, 1998 to Sep 30, 1999

4

Indicator 7: Women's Health: Pap Smear

Denominator 1 (GPRA Indicator): All female GPRA User Population patients ages 21 through 64 at the beginning of the Report period without a documented history of Hysterectomy.

5

Denominator 2: All female Active Clinical patients ages 21 through 64 at the beginning of the Report period without a documented history of Hysterectomy.

6

Numerator: Pap smear documented any time in the three years prior to the end of the Report period, including refusals.

7

Maintain at the FY2002 rate the proportion of eligible women who have had a Pap Smear in the 3 years prior to the end of the Report period.

8

FY2002: 43% HP 2010 Goal: 90%

9

9

	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Denominator #1: (GPRA Indicator)								
# User Pop Women								
21-64 years	49		53			52		
# w/Pap Smear recorded								
w/in 3 years	12	24.5	10	18.9	+5.6	18	34.6	-10.1
# Refusals with								
% of Total Pap	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Denominator #2:								
Active Clinical Women								
21-64 years	26		25			25		
# w/Pap Smear recorded								
w/in 3 years	10	38.5	9	36.0	+2.5	14	56.0	-17.5
# Refusals								
w/ % of Total Pap	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Figure 7-2: Sample Report Summary Page

7.1.7 Patient List Formats

Patient Lists for individual indicators are available with any Local report and display patients who meet the numerator(s), denominator(s) or both, depending on the indicator. Patient list options include a random list (10% of the total list), a list by primary care provider, and the entire patient list that meets the indicator. Users select which indicators they want to run patient lists for after they have selected the

indicators to report on. See section 5.1 Local Report for a detailed description of how to produce patient lists.

Patient Lists are organized by 1) Community; 2) gender; 3) age; and 4) last name.

NOTE: To be able to sort and manipulate the patient lists by any column, it is recommended that you select either **D Delimited** or **B Both** when you are prompted for the Report format (see section 5.0). By opening the delimited file in Excel, you can sort and format the lists (see *Appendix B section 10.0 Working with Delimited Files*).

Key elements of the Patient List format are described below (Figure 7-3).

- ❶ **Report Type:** indicates “Patient List” as the report type.
- ❷ **Patient List Type:** displays whether the Patient List is a “Random List,” “List by Provider,” or “Entire Patient List,” depending on which option the user selected.
- ❸ **List Description:** describes which patients will be included on the list. In the example below, the Patient List contains all patients in either of the two denominators (women ages 21 through 64 at the beginning of the Report period); the identifying number of the denominator the patient belongs to (e.g., “1, 2;” indicates that a patient belongs to denominators #1 and #2); the date that a test meeting the numerator definition was performed, if any; and the test code.

NOTE: If an indicator has a denominator definition of All GPRA User Population users, the patient list will NOT include the entire denominator, as many sites may have thousands of patients (and hundreds of pages of patient lists). Only patients meeting the numerator will be displayed on the Patient List. The List Description will describe the list content.

- ❹ **List Columns:** all patient lists contain the following columns of information: *patient name* displayed as Last, First; the patient’s *Health Record Number* (HRN); the *Community* name; the patient’s *gender*, e.g., M or F; the patient’s *age*; and denominator and numerator information (see ❹ below). Patient Lists are organized by 1) Community; 2) gender; 3) age; and 4) last name
- ❺ **Age Column:** displays the age of the patient at the beginning of the Report period.
- ❻ **Value Column:** displays different information about the denominator and numerator, depending on the individual indicator. For most patient lists, displays which denominator the patient is a member of (e.g., “1, 2, 3;”). Displays information about the numerator, such as the date a test was given and the test code, whether a health factor or patient education code was recorded, etc. In the

example below, the value column identifies the appropriate denominator, the date a pap smear was documented, and the test code. If no date and code information is displayed, this patient is counted in the denominator only, not in the numerator.

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Mar 05, 2003

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1

*** IHS FY03 Clinical Performance Indicator Patient List ***

DEMO SITE

Reporting Period: Oct 01, 2001 to Sep 30, 2002

2

Entire Patient List

Indicator 7: Women's Health: Pap Smear

Denominator 1 (GPRA Indicator): All female GPRA User Population patients ages 21 through 64 at the beginning of the Report period without a documented history of Hysterectomy.

Denominator 2: All female Active Clinical patients ages 21 through 64 at the beginning of the Report period without a documented history of Hysterectomy.

Numerator: Pap smear documented any time in the three years prior to the end of the Report period, including refusals.

3

List of women 21-64 w/denominator identified, test/refusal date and code

4

5

6

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
RAMEY, JOSIE	180761	FACILITY #1	F	63	1,2; 02/12/99 VLab
PARRISH, MARILYN	225331	FACILITY #2	F	22	1,2; 03/21/00 VLab
CARROLL, SYDNEY	105841	FACILITY #2	F	23	1,2; 03/02/01 VLab
ZALE, GRETA	142432	FACILITY #2	F	23	1;
CLINTON, GLADYS	140260	FACILITY #2	F	25	1,2;
CARPENTER, MARILYN	134266	FACILITY #2	F	26	1,2; 08/01/00 VLab
WALTON, PRISCILLA	160439	FACILITY #2	F	26	1,2; 01/06/00 VLab
STEIN, VELMA	141051	FACILITY #2	F	34	1,2;
CARROLL, WENDY	110177	FACILITY #2	F	35	1;
KINGSLEY, LENA	103143	FACILITY #2	F	38	1,2;
WENDT, HORTENCE	110719	FACILITY #2	F	40	1;
COOLIDGE, EUNICE	132384	FACILITY #2	F	45	1,2; 02/15/00 VLab
CLANCEY, CELESTE	164716	FACILITY #2	F	45	1,2;
WALTON, BERTHA	228031	FACILITY #2	F	50	1;
CHENEY, ALMA	221732	FACILITY #3	F	31	1;
BELL, PATRICIA	128989	FACILITY #3	F	46	1;
DREW, PAMELA	107039	FACILITY #4	F	22	1,2;
HART, PAMELA	158744	FACILITY #4	F	22	1; 01/01/00 VLab
MADDOX, CHRIS	150681	FACILITY #4	F	31	1;
WHITE, TESS	127519	FACILITY #4	F	38	1;
RANDALL, LOUISE	137699	FACILITY #4	F	43	1,2; 02/01/01 VLab
CURTIS, SHERRY	152570	SITE, RURAL	F	47	1,2;
WEST, KATHERINE	109085	SITE, URBAN	F	22	1;
PRATT, EDNA	140557	SITE, URBAN	F	22	1;

Figure 7-3: Sample Patient List

7.2 Logic and Formats by Indicator

This section provides the following information for each indicator:

- Indicator description from the IHS Annual Performance Report to Congress;
- Definitions of each denominator and numerator;
- Detailed description of the logic for the denominator and numerator, including specific codes, fields, taxonomies and/or values searched for.
- Description of which patients and information are contained on the patient list;
- Past IHS performance, if any, and IHS or HP 2010 targets for the indicator;
- Report example; and
- Patient list example.

NOTE: GPRA+ FY03 version 2.0 contains all GPRA indicators (1-31) and some developmental indicators (A, B, C-1, C-2, D, and H). The remaining developmental indicators will be available in version 2.1.

NOTE: All report examples and patient list examples used in this section were produced from “scrubbed” demo databases and do not represent actual patient data.

7.2.1 Indicator 1: Diabetes Prevalence

GPRA Indicator Description: During FY 2003, continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.

Denominator: All GPRA User Population patients, broken down by gender.

Numerator 1: Same as FY02. Anyone diagnosed with Diabetes (at least one diagnosis 250.00-250.93 recorded in the V POV file) *at any time* before the end of the Report period.

Numerator 2: Anyone diagnosed with Diabetes in *the year prior* to the end of the Report period.

Additional Report Features: The data is broken down further for the following age groups: <15, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64 yrs.

Patient List Description: A list of all patients diagnosed with Diabetes (Numerators 1 and 2); the date of the most recent DM diagnosis; and the DM code.

LAM	Apr 24, 2003						Page 1	
*** IHS FY03 Local Clinical Performance Indicator Report ***								
DEMO SITE								
Report Period: Jan 01, 2002 to Dec 31, 2002								
Previous Year Period: Jan 01, 2001 to Dec 31, 2001								
Baseline Period: Jan 01, 1999 to Dec 31, 1999								

Indicator 1: Diabetes Prevalence								
Denominator: All GPRA User Population.								
Numerator 1: any DM POV Diagnosis ever (POV 250.00-250.93)								
Numerator 2: DM POV Diagnosis in year prior to end of Report period								
Continue tracking Area age-specific diabetes prevalence rates to identify trends in diabetes prevalence (as surrogate marker for diabetes incidence).								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User pop	58,187		56,515			51,498		
# w/ any DM DX	5,322	9.1	4,772	8.4	+0.7	3,787	7.4	+1.8
# w/ DM DX w/in past year	3,862	6.6	3,539	6.3	+0.4	2,808	5.5	+1.2
# MALE User pop	26,522		25,800			23,363		
# w/ any DM DX	2,097	7.9	1,853	7.2	+0.7	1,450	6.2	+1.7
# w/DM DX w/in past year	1,493	5.6	1,319	5.1	+0.5	1,041	4.5	+1.2
# FEMALE User pop	31,665		30,715			28,135		
# w/ any DM DX	3,225	10.2	2,919	9.5	+0.7	2,337	8.3	+1.9
# w/ DM DX w/in past year	2,369	7.5	2,220	7.2	+0.3	1,767	6.3	+1.2

Figure 7-4: Sample Summary Report, Indicator 1

TOTAL GPRA USER POPULATION								
Age Distribution								
	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
CURRENT REPORT PERIOD								
Total # User Pop	20,524	5,548	7,317	10,807	7,312	3,774	1,766	1,139
# w/ DM DX ever	90	81	201	928	1,341	1,277	819	585
% w/ DM DX ever	0.4	1.5	2.7	8.6	18.3	33.8	46.4	51.4
# w/DM DX in past yr	41	45	129	612	949	993	659	434
% w/DM DX in past yr	0.2	0.8	1.8	5.7	13.0	26.3	37.3	38.1
PREVIOUS YEAR PERIOD								
Total # User Pop	20,140	5,445	7,129	10,452	7,128	3,520	1,617	1,084
# w/ DM DX ever	76	73	176	806	1,248	1,124	725	544
% w/ DM DX ever	0.4	1.3	2.5	7.7	17.5	31.9	44.8	50.2
# w/DM DX in past yr	31	38	108	556	918	884	591	413
% w/DM DX in past yr	0.2	0.7	1.5	5.3	12.9	25.1	36.5	38.1
CHANGE FROM PREV YR %								
w/ DM DX ever	+0.1	+0.1	+0.3	+0.9	+0.8	+1.9	+1.5	+1.2
w/DM DX in past yr	+0.0	+0.1	+0.2	+0.3	+0.1	+1.2	+0.8	+0.0
BASELINE REPORT PERIOD								
Total # User Pop	18,622	4,976	6,469	9,832	6,322	2,951	1,409	917
# w/ DM DX ever	61	60	154	660	955	863	603	431
% w/ DM DX ever	0.3	1.2	2.4	6.7	15.1	29.2	42.8	47.0
# w/DM DX in past yr	29	34	104	464	718	676	469	314
% w/DM DX in past yr	0.2	0.7	1.6	4.7	11.4	22.9	33.3	34.2
CHANGE FROM BASE YR %								
w/ DM DX ever	+0.1	+0.3	+0.4	+1.9	+3.2	+4.6	+3.6	+4.4
w/DM DX in past yr	+0.0	+0.1	+0.2	+0.9	+1.6	+3.4	+4.0	+3.9

Figure 7-5: Sample Age Breakdown Page, Indicator 1

WBM	Mar 05, 2003				Page 1	
*** IHS FY03 Clinical Performance Indicator Patient List ***						
DEMO SITE						
Reporting Period: Oct 01, 2001 to Sep 30, 2002						
Entire Patient List						

Indicator 1: Diabetes Prevalence						
Denominator: All GPRA User Population						
Numerator 1: any DM POV Diagnosis ever (POV 250.00-250.93)						
Numerator 2: DM POV Diagnosis in year prior to end of Report period						
List of Diabetic Patients with most recent Diagnosis						
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE	

MURRAY, SOPHIA	104227	FACILITY #2	F	44	09/19/01	250.02
WALTON, BERTHA	228031	FACILITY #2	F	50	05/23/01	250.00
HOWARD, RAY	196543	FACILITY #2	M	61	09/13/01	250.00
STEVENSON, JOSHUA	154362	FACILITY #3	M	82	07/11/00	250.00

Figure 7-6: Sample Patient List, Indicator 1

7.2.2 Indicator 2: Diabetes: Glycemic Control

GPRA Indicator Description: During FY 2003, maintain the FY 2002 performance level for glycemic control in the proportion of I/T/U clients with diagnosed diabetes.

Denominators: see denominator definitions 1-4 in *section 7.1.3* Diabetes-specific Denominators above. Denominator 3 Active Diabetics is the GPRA indicator.

Numerator 1: Number of patients with a Hemoglobin A1C (HgbA1C) documented in the year prior to the end of the Current Report period, regardless of the result.

Numerator 2 (Glycemic Control): Patients with HgbA1C less than or equal to (\leq) 7 OR with a mean of the last 3 Glucose values less than or equal (\leq) to 150.

Numerator 3: Patients with HgbA1C equal to or greater than (\geq) 9.5 or mean of the last 3 Glucose values equal to or greater than (\geq) 225.

Numerator 4: Patients with undetermined Hemoglobin A1C or Glucose values. Undetermined is defined as 1) patients with no HgbA1C OR with HgbA1C documented but no value AND 2) less than 3 Glucose values OR documented Glucose without values.

Logic Description: GPRA+ searches RPMS for the most recent Hemoglobin A1C test in the year prior to the end of the Report period. If no test is found, GPRA+ searches for the last 3 Glucose values during the same period. If the HgbA1C has a result that equals the term COMMENT, GPRA+ searches for the last 3 Glucose values. Mean glucose value is calculated by adding the last three (3) values and dividing by 3.

NOTE: For FY 2004, only Hemoglobin A1C values will be used, not glucose values.

GPRA+ uses the following definitions:

	CPT Codes	LOINC Codes (TBD)	Taxonomy
Creatinine (for Denominator 4)			DM AUDIT CREATININE TAX
HgbA1C	83036		DM AUDIT HGB A1C TAX
Glucose			DM AUDIT GLUCOSE TESTS TAX

Patient List Description: A list of all diabetic patients, with the number of the denominator definition that they meet. The date of the Hemoglobin A1C or Glucose test and its value, if any. HgbA1C tests are designated by “H,” and Glucose tests by “G.”

Indicator Past Performance and Targets:

IHS FY 2001 Performance for glycemic control	30%
IHS FY 2002 Performance for glycemic control	NA
HP 2010 Goal for % of diabetics w/ at least 1 HgbA1c in past year:	50%
IHS 2010 Goal for % of diabetics w/ glycemic control, HgbA1c <=7:	40%

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*** IHS FY03 Local Clinical Performance Indicator Report ***								
DEMO SITE								
Report Period: Oct 01, 2001 to Sep 30, 2002								
Previous Year Period: Oct 01, 2000 to Sep 30, 2001								
Baseline Period: Oct 01, 1998 to Sep 30, 1999								

Indicator 2: Diabetes: Glycemic Control								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Denominator #1:								
User Pop w/ DM DX	4,500		4,017			2,780		
# w/HgbA1c done w/ or w/o result	2,382	52.9	2,153	53.6	-0.7	1,337	48.1	+4.8
# w/HgbA1c <=7 or glucose <=150	824	18.3	824	20.5	-2.2	346	12.4	+5.9
# w/HgbA1c >9.5 or glucose >=225	818	18.2	839	20.9	-2.7	677	24.4	-6.2
# w/HgbA1c or Glucose Undetermined	1,977	43.9	1,529	38.1	+5.9	1,216	43.7	+0.2
Denominator #2: Active								
Clinical w/DM DX	3,550		3,204			2,279		
# w/HgbA1c done w/ or w/o result	2,289	64.5	2,067	64.5	-0.0	1,316	57.7	+6.7
# w/HgbA1c <=7 or Glucose <=150	792	22.3	780	24.3	-2.0	334	14.7	+7.7
# w/HgbA1c >9.5 or Glucose >=225	777	21.9	789	24.6	-2.7	655	28.7	-6.9
# w/HgbA1c or Glucose Undetermined	1,128	31.8	837	26.1	+5.7	758	33.3	-1.5
Denominator #3 (GPRA Indicator):								
Active Diabetic Pts	3,486		3,163			2,157		
# w/HgbA1c done w/ or w/o result	2,368	67.9	2,146	67.8	+0.1	1,331	61.7	+6.2
# w/HgbA1c <=7 or glucose <=150	821	23.6	823	26.0	-2.5	346	16.0	+7.5
# w/HgbA1c >9.5 or Glucose >=225	811	23.3	835	26.4	-3.1	670	31.1	-7.8
# w/HgbA1c or Glucose Undetermined	977	28.0	684	21.6	+6.4	602	27.9	+0.1
Denominator #4 (GPRA Indicator):								
Adult Diabetic Pts	1,574		1,404			995		
# w/HgbA1c done w/ or w/o result	1,357	86.2	1,209	86.1	+0.1	756	76.0	+10.2
# w/HgbA1c <=7 or Glucose <=150	422	26.8	387	27.6	-0.8	171	17.2	+9.6
# w/HgbA1c >9.5 or Glucose >=225	436	27.7	444	31.6	-3.9	364	36.6	-8.9
# w/HgbA1c or Glucose Undetermined	203	12.9	97	6.9	+6.0	167	16.8	-3.9

Figure 7-7: Sample Report, Indicator 2

List of Patients w/denominator identified & Hgb/Glucose Date and Value					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
WARNER, MARVIN	181359	COMMUNITY #4	M	74	1,2,3,4; 09/14/02 H 5.2
TURNER, PETER	161138	COMMUNITY #4	M	77	1,2,3,4; 12/14/01 H 5.1
MURRAY, SOPHIA	104227	FACILITY #2	F	44	1,2,3,4; 08/19/02 H 12.2
HOWARD, RAY	196543	FACILITY #2	M	61	1,2,3,4; 05/18/02 H 6.9
STEVENSON, JOSHUA	154362	FACILITY #3	M	82	1; u
SMYTHE, DANIELLE	199842	SITE, URBAN	F	27	1,2,3,4; 04/13/02 H 6.2
SANTOS, DANIELLE	114645	SITE, URBAN	F	52	1,2; u
MCPHERSON, ELLIE	154561	SITE, URBAN	F	61	1,2,3; u
HOWELL, ELIZABETH	159640	SITE, URBAN	F	69	1,2,3,4; 09/04/02 H 6.5
WORRELL, BERNARD	186840	SITE, URBAN	M	56	1,2; u
CLANCEY, BERT	114945	SITE, URBAN	M	61	1,2,3; 07/26/02 G 111.7
SAUNDERS, JERRY	150083	SITE, URBAN	M	61	1,2,3,4; 05/01/02 H 7.0
SINGLETON, LEON	210040	SITE, URBAN	M	64	1; u

Figure 7-8: Sample Patient List, Indicator 2

7.2.3 Indicator 3: Diabetes: Blood Pressure Control

GPRA Indicator Description: During FY 2003, maintain the FY 2002 performance level for blood pressure (BP) control in the proportion of I/T/U clients with diagnosed diabetes who have achieved blood pressure control standards.

Denominators: see denominator definitions 1-4 in *section 7.1.3 Diabetes-specific Denominators* above. Denominator 3 Active Diabetics is the GPRA denominator.

Numerator 1: Patients with controlled BP, defined as the mean systolic value is less than or equal to (\leq) 130 AND the mean diastolic value is less than or equal to (\leq) 80. Both the systolic and diastolic values must meet the criteria

Numerator 2: Patients with BP that is not controlled, defined as not meeting the definition of controlled.

Numerator 3: Patients with undetermined BP control. Undetermined is defined as less than 2 blood pressures documented in the year prior to the end of the Report period.

Logic Description: For each of the 3 numerators, GPRA+ uses the last 3 Blood Pressures documented on non-ER visits in the year prior to the end of the Report period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled.

GPRA+ uses the following definition:

	CPT Codes	LOINC Codes (TBD)	Taxonomy
Creatinine (for Denominator 4)			DM AUDIT CREATININE TAX

Patient List Description: A list of all diabetic patients, with the number of the denominator definition that they meet. Displays the mean blood pressure value, if any, and designates CON for Controlled (Numerator 1) or UNC for Not Controlled (Numerator 2).

Indicator Past Performance and Targets:

IHS FY 2001 Performance	41%
IHS FY 2002 Performance	NA
IHS 2010 Goal for diabetics with controlled BP	50%

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*** IHS FY03 Local Clinical Performance Indicator Report ***								
DEMO SITE								
Report Period: Oct 01, 2001 to Sep 30, 2002								
Previous Year Period: Oct 01, 2000 to Sep 30, 2001								
Baseline Period: Oct 01, 1997 to Sep 30, 1998								

Indicator 3: Diabetes: Blood Pressure Control								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Denominator #1:								
User Pop w/ DM DX	4,500		4,017			2,780		
# w/controlled BP								
=<130/80	1,213	27.0	1,117	27.8	-0.9	820	29.5	-2.5
# w/Not controlled								
BP	1,745	38.8	1,577	39.3	-0.5	997	35.9	+2.9
# w/Undetermined BP	1,542	34.3	1,323	32.9	+1.3	963	34.6	-0.4
Denominator #2: Active								
Clinical w/DM DX	3,550		3,204			2,279		
# w/Controlled BP								
=<130/80	1,162	32.7	1,083	33.8	-1.1	806	35.4	-2.6
# w/Not controlled								
BP	1,687	47.5	1,511	47.2	+0.4	980	43.0	+4.5
# w/Undetermined BP	701	19.7	610	19.0	+0.7	493	21.6	-1.9
Denominator #3 (GPRA Indicator):								
Active Diabetics Pts	3,486		3,163			2,157		
# w/Controlled BP								
=<130/80	1,213	34.8	1,117	35.3	-0.5	820	38.0	-3.2
# w/Not controlled								
BP	1,744	50.0	1,577	49.9	+0.2	997	46.2	+3.8
# w/Undetermined BP	529	15.2	469	14.8	+0.3	340	15.8	-0.6
Denominator #4:								
Adult Diabetic Pts	1,574		1,404			995		
# w/Controlled BP								
=<130/80	594	37.7	511	36.4	+1.3	397	39.9	-2.2
# w/Not controlled								
BP	888	56.4	819	58.3	-1.9	546	54.9	+1.5
# w/Undetermined BP	92	5.8	74	5.3	+0.6	52	5.2	+0.6

Figure 7-9: Sample Report, Indicator 3

List of Patients w/ denominator identified & Mean BP, if any					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE

WARNER, MARVIN	181359	COMMUNITY #4	M	74	1,2,3,4; 142/77 UNC
TURNER, PETER	161138	COMMUNITY #4	M	77	1,2,3,4; 125/72 CON
STEVENSON, JOSHUA	154362	FACILITY #3	M	82	1; u
SMYTHE, DANIELLE	199842	SITE, URBAN	F	27	1,2,3,4; 127/60 CON
MCPHERSON, ELLIE	154561	SITE, URBAN	F	61	1,2,3; 134/53 UNC
WORRELL, BERNARD	186840	SITE, URBAN	M	56	1,2; u
CLANCEY, BERT	114945	SITE, URBAN	M	61	1,2,3; 124/71 CON

Figure 7-10: Sample Patient List, Indicator 3

7.2.4 Indicator 4: Diabetes: Dyslipidemia Assessment

Indicator Description: During FY 2003, maintain the FY 2002 performance level for the proportion of I/T/U clients with diagnosed diabetes assessed for dyslipidemia (i.e., LDL cholesterol).

Denominators: see denominator definitions 1-4 in *section 7.1.3* Diabetes-specific Denominators above. Denominator 3 is the GPRA denominator.

Numerator 1: Patients who have had *EITHER* a LIPID PROFILE *OR* an LDL, an HDL and Triglyceride (TG) (all three) in the year prior to the end of the Report period.

Numerator 2: Patients with LDL completed in the prior year, regardless of result.

Numerator 3: Patients with LDL results of less than or equal to (\leq) 100.

Logic Description: For each numerator, counts all Y instances reported, regardless of the results of the measurement. For each of the tests described in the numerator, GPRA+ searches for the last test done in the year prior to the end of the Report period.

GPRA+ uses the following to define the tests:

Test	CPT Codes	LOINC Codes (TBD)	Taxonomy
Creatinine (for Denominator 4)			DM AUDIT CREATININE TAX
Lipid Profile	80061		DM AUDIT LIPID PROFILE TAX
LDL	80061; 83721		DM AUDIT LDL CHOLESTEROL TAX
HDL	83718		DM AUDIT HDL TAX
Triglyceride	84478		DM AUDIT TRIGLYCERIDE TAX

Patient List Description: A list of all diabetic patients, with the number of the denominator definition that they meet. The date of any tests described in the numerators, with the LDL value, if any.

Indicator Past Performance and Targets:

IHS FY 2001 Performance for % of diabetics assessed	60%
IHS FY 2002 Performance for % of diabetics assessed	NA
HP 2010 Goal for % of diabetics assessed	70%

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*** IHS FY03 Local Clinical Performance Indicator Report ***								
DEMO SITE								
Report Period: Oct 01, 2001 to Sep 30, 2002								
Previous Year Period: Oct 01, 2000 to Sep 30, 2001								
Baseline Period: Oct 01, 1997 to Sep 30, 1998								

Indicator 4: Diabetes: Dyslipidemia Assessment								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Denominator #1:								
User Pop w/ DM DX	4,500		4,017			2,780		
# w/Lipid Profile OR								
TG & HDL & LDL								
recorded	2,004	44.5	1,572	39.1	+5.4	350	12.6	+31.9
# w/ LDL done	2,004	44.5	1,541	38.4	+6.2	350	12.6	+31.9
# of patients w/LDL								
result =< 100	842	18.7	636	15.8	+2.9	148	5.3	+13.4
Denominator #2: Active								
Clinical w/DM DX	3,550		3,204			2,279		
# w/Lipid Profile OR								
TG & HDL & LDL								
recorded	1,945	54.8	1,527	47.7	+7.1	348	15.3	+39.5
# w/ LDL done	1,945	54.8	1,497	46.7	+8.1	348	15.3	+39.5
# of patients w/LDL								
result <=100	813	22.9	615	19.2	+3.7	146	6.4	+16.5
Denominator #3 (GPRA Indicator):								
Active Diabetic Pts	3,486		3,163			2,157		
# w/Lipid Profile OR								
TG & HDL & LDL								
recorded	1,995	57.2	1,568	49.6	+7.7	350	16.2	+41.0
# w/ LDL done	1,995	57.2	1,537	48.6	+8.6	350	16.2	+41.0
# of patients w/LDL								
result =<100	839	24.1	636	20.1	+4.0	148	6.9	+17.2
Denominator #4:								
Adult Diabetic Pts	1,574		1,404			995		
# w/Lipid Profile OR								
TG & HDL & LDL								
recorded	1,109	70.5	892	63.5	+6.9	154	15.5	+55.0
# w/ LDL done	1,109	70.5	888	63.2	+7.2	154	15.5	+55.0
# of patients w/LDL								
result =< 100	445	28.3	330	23.5	+4.8	64	6.4	+21.8

Figure 7-11: Sample Report, Indicator 4

List of Patients w/ denominator identified & Documented Lipid Values					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
WARNER, MARVIN	181359	COMMUNITY #2	M	60	1,2,3,4; LP; 12/06/01 126
LEWIS, TRAVIS MARTIN	68816	COMMUNITY #4	M	28	1,3;
MURRAY, SOPHIA ANNA	104227	FACILITY #2	F	30	1,2,3,4; LP; 09/13/02 94
NEWTON, HAROLD S	103321	FACILITY #2	M	31	1,2,3; LP; 02/20/02 97
ESPINOZA, EMMA VALDEZ	30986	FACILITY #3	F	44	1,2,3,4; LP; 05/02/02 137
COOK, CHRISTINE MARTIN	173546	FACILITY #3	F	50	1,3; LP
LEWIS, ERNESTINE LYMAN	53906	FACILITY #3	F	60	1,3;
DOKA, REGINALD	12543	FACILITY #3	M	30	1,2,3,4; LP
WORRELL, BERNARD	186840	FACILITY #3	M	55	1,2,3;
GUERRERO, LORENIA	58069	SITE, RURAL	F	28	1,2,3; LP; 02/05/02 139
BEGAY, EMMARIETA	172489	SITE, RURAL	F	38	1,2,3;
MULTINE, CHARLENE ANN	178915	SITE, RURAL	F	43	1,2,3;
SANTOS, LINDA	114645	SITE, URBAN	F	52	1,2,3;
SAUNDERS, JERRY	150083	SITE, URBAN	M	61	1,2,3; LP; 08/12/02 150

Figure 7-12: Sample Patient List, Indicator 4

7.2.5 Indicator 5: Diabetes: Nephropathy Assessment

GPRA Indicator Description: During FY 2003, maintain the proportion of I/T/U clients with diagnosed diabetes assessed for nephropathy.

Denominators: see denominator definitions 1-4 in *section 7.1.3 Diabetes-specific Denominators* above. Denominator 3 Active Diabetic Patients is the GPRA denominator.

Numerator 1: Same as FY02. Patients with microalbumunuria test, regardless of result, or positive urine protein test done in year prior to the end of the Report period.

Logic Description: GPRA+ searches first for the last microalbumunuria test done in year prior to the end of the Report period, regardless of result (positive or negative). If none are found, searches for last urine protein test with positive (Y) value in same time period.

Positive value for urine protein is defined as:

- First character is a P or p.
- Contains a + sign
- Contains a > symbol
- The numeric value (if the result is a number) is greater than (>) 29

GPRA+ uses the following to define the tests:

Test	CPT Codes	LOINC Codes (TBD)	Taxonomy
Creatinine (for Denominator 4)			DM AUDIT CREATININE TAX
Microalbumunuria	82043, 82044		DM AUDIT MICROALBUMUNURIA TAX
Urine Protein			DM AUDIT URINE PROTEIN TAX

Patient List Description: A list of all diabetic patients, with the number of the denominator definition that they meet. The date of any tests described in the numerator, with the value, if any. Microalbumunuria test is indicated by “M;” Urine Protein by “U.”

Indicator Past Performance and Targets:

IHS FY 2001 Performance	54%
IHS FY 2002 Performance	NA
IHS 2010 Goal for % of diabetics assessed for nephropathy	70%

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*** IHS FY03 Local Clinical Performance Indicator Report ***								
DEMO SITE								
Report Period: Jan 01, 2002 to Dec 31, 2002								
Previous Year Period: Jan 01, 2001 to Dec 31, 2001								
Baseline Period: Jan 01, 1999 to Dec 31, 1999								

Indicator 5: Diabetes: Nephropathy Assessment								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Denominator #1:								
User Pop w/ DM DX	4,585		4,123			3,244		
# w/any Microalbumunuria								
or positive Urine								
value	1,541	33.6	1,327	32.2	+1.4	739	22.8	+10.8
Denominator #2: Active								
Clinical w/DM DX	3,750		3,407			2,683		
# w/any Microalbumunuria								
or positive Urine								
value	1,504	40.1	1,291	37.9	+2.2	703	26.2	+13.9
Denominator #3 (GPRA Indicator):								
Active Diabetic Pts	3,578		3,219			2,560		
# w/any Microalbumunuria								
or positive Urine								
value	1,532	42.8	1,318	40.9	+1.9	735	28.7	+14.1
Denominator #4: (GPRA Indicator)								
Adult Diabetic Pts	2,451		2,237			1,875		
# w/any Microalbumunuria								
or positive Urine								
value	1,306	53.3	1,124	50.2	+3.0	625	33.3	+20.0

Figure 7-13: Sample Report, Indicator 5

List of Patients w/ denominator identified, Tests & Values, if any					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE

MURRAY, SOPHIA	104227	FACILITY #2	F	44	1,2,3,4;
HOWARD, RAY	196543	FACILITY #2	M	61	1,2,3,4; 02/22/02 M
STEVENSON, JOSHUA	154362	FACILITY #3	M	82	1;
WARNER, MARVIN	181359	COMMUNITY #4	M	74	1,2,3,4; 09/16/02 U TRACE
TURNER, PETER	161138	COMMUNITY #4	M	77	1,2,3,4; 12/14/01 U 6
SMYTHE, DANIELLE	199842	SITE, URBAN	F	27	1,2,3,4; 10/26/01 M
SANTOS, DANIELLE	114645	SITE, URBAN	F	52	1,2;
MCPHERSON, ELLIE	154561	SITE, URBAN	F	61	1,2,3; 02/05/02 U NEGATIVE
HOWELL, ELIZABETH	159640	SITE, URBAN	F	69	1,2,3,4; 09/04/02 M
WORRELL, BERNARD	186840	SITE, URBAN	M	56	1,2;
CLANCEY, BERT	114945	SITE, URBAN	M	61	1,2,3; 07/26/02 U NEGATIVE
SAUNDERS, JERRY	150083	SITE, URBAN	M	61	1,2,3,4; 05/01/02 U 3+
SINGLETON, LEON	210040	SITE, URBAN	M	64	1;

Figure 7-14: Sample Patient List, Indicator 5

7.2.6 Indicator 6: Diabetic Retinopathy

GPRA Indicator Description: (New GPRA indicator for FY03.) During FY 2003, increase the proportion of I/T/U clients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites by 3% over the FY 2002 rate.

NOTE: The GPRA indicator reported at the national level only applies to three test sites for FY03. This indicator is included here because all sites are expected to report on this indicator beginning in FY05. The numerator is currently defined very broadly for retinal screening.

Denominators: see denominator definitions 1-4 in *section 7.1.3 Diabetes-specific Denominators* above. Denominator 3 Active Diabetic Patients is the GPRA denominator.

Numerator 1: Patients receiving retinal screening in the year prior to the end of the Report period, defined as: diabetic eye exam; or a NON-DNKA visit to an optometrist or ophthalmologist; or a Non-DNKA visit to ophthalmology, optometry, or tele-ophthalmology retinal screening clinics; or a documented refusal of a diabetic eye exam.

Logic Description: DM AUDIT CREATININE TAX taxonomy is used for Denominator 4.

GPRA+ searches in the following order for:

Exam	CPT Codes	Other Codes
Diabetic eye exam		VExam code 03
NON-DNKA visit to an optometrist or ophthalmologist	92002, 92004, 92012, 92014, 92015	Provider codes 24, 79, 08
Non-DNKA visit to ophthalmology, optometry, or tele-ophthalmology retinal screening clinics	92250	Clinic codes 17, 18, 64, A2
Refusal of a diabetic eye exam		Refusals Exam: 03

Patient List Description: A list of all diabetic patients, with the number of the denominator definition that they meet. The date of any screenings described in the numerator with the code.

Indicator Targets:

IHS FY 2002 Performance	None (new indicator for FY03)
IHS 2010 Goal for % of diabetics with retinal exams	IHS target not set yet

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DEMO SITE								
Report Period: Oct 01, 2001 to Sep 30, 2002								
Previous Year Period: Oct 01, 2000 to Sep 30, 2001								
Baseline Period: Oct 01, 1997 to Sep 30, 1998								

Indicator 6: Diabetic Retinopathy								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Denominator #1:								
User Pop w/ DM DX	4,500		4,017			2,780		
# w/ Screening	1,938	43.1	1,846	46.0	-2.9	970	34.9	+8.2
Denominator 2: Active								
Clinical w/DM DX	3,550		3,204			2,279		
# w/Screening	1,841	51.9	1,747	54.5	-2.7	919	40.3	+11.5
Denominator #3 (GPRA Indicator):								
Active Diabetic Pts	3,486		3,163			2,157		
# w/Screening	1,921	55.1	1,832	57.9	-2.8	957	44.4	+10.7
Denominator #4:								
Adult Diabetic Pts	1,574		1,404			995		
# w/Screening	1,104	70.1	1,064	75.8	-5.6	480	48.2	+21.9

Figure 7-15: Sample Report, Indicator 6

List of Patients w/denominator identified & Eye exam status					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE

MURRAY,SOPHIA	104227	FACILITY #2	F	44	1,2,3,4;
HOWARD,RAY	196543	FACILITY #2	M	61	1,2,3,4;02/22/02 Prov: 08
STEVENSON,JOSHUA	154362	FACILITY #3	M	82	1;
WARNER,MARVIN	181359	COMMUNITY #4	M	74	1,2,3,4; CPT 92014
TURNER,PETER	161138	COMMUNITY #4	M	77	1,2,3,4;
SMYTHE,DANIELLE	199842	SITE,URBAN	F	27	1,2,3,4;10/26/01 Cl: A2
SANTOS,DANIELLE	114645	SITE,URBAN	F	52	1,2;
HOWELL,ELIZABETH	159640	SITE,URBAN	F	69	1,2,3,4;09/04/02 Cl: 18

Figure 7-16: Sample Patient List, Indicator 6

7.2.7 Indicator 7: Women's Health: Pap Smear

GPRA Indicator Description: During FY 2003, maintain the proportion of eligible women who have had a Pap screen within the previous three years at the FY 2002 levels. [For FY 2003, “eligible women” has been defined as ages 18 through 64.]

Denominator 1: All females in the GPRA User Population ages 21 through 64 without a documented history of Hysterectomy.

Denominator 2: All females in the Active Clinical population ages 21 through 64 without a documented history of Hysterectomy.

Numerator 1: All females in the denominator who had a Pap Smear in the three years prior to the end of the Report period. Documented refusals are counted in this numerator.

Numerator 2 (subset of Numerator 1): Number of patients with documented refusal for pap smear.

Logic Description: Age of the patient is calculated at the beginning of the Report period. The difference between the age range 18-64 in the definition and 21-64 in the logic is because GPRA+ looks back 3 years for a test, i.e., when a patient who was 21 at the beginning of the Report period would have been 18.

	CPT Codes	ICD and Other Codes
Hysterectomy		V Procedure: 68.3 – 68.7 or 68.9
Pap Smear	88141–88150; 88152–88158; 88164–88167	VLab: PAP SMEAR POV: V72.3 - Gynecologic Examination; V76.2-Screen Mal Neop-Cervix V Procedure: 91.46 Women’s Health Tracking: procedure called Pap Smear
Refusal		Refusals: Lab Test Value Pap Smear

Patient List Description: A list of all female patients ages 21 through 64, with the number of the denominator definition that they meet. Displays date of pap smear, if any, and test code or file location.

Indicator Past Performance and Targets:

IHS FY 2001 Performance	42%
IHS FY 2002 Performance	43%
IHS 2010 Goal for % of women with pap smears	90%

Performance Improvement Tips:

1. Providers should ask about and record off-site tests (date received and location) on PCC forms. Data entry mnemonic: **HPAP**
2. Providers should document refusals; write “Refused” in Pap Order box on PCC form. Data entry mnemonic: **REF** (Lab Test Value, Date Refused).

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Report Period: Oct 01, 2001 to Sep 30, 2002								
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Baseline Period: Oct 01, 1997 to Sep 30, 1998								

Indicator 7: Women's Health: Pap Smear								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Denominator #1: (GPRA Indicator)								
# User Pop Women								
21-64 years	16,035		15,306			13,039		
# w/Pap Smear recorded								
w/in 3 years	6,872	42.9	6,878	44.9	-2.1	5,315	40.8	+2.1
# Refusals with								
% of Total Pap	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Denominator #2:								
Active Clinical Women								
21-64 years	8,200		7,877			6,381		
# w/Pap Smear recorded								
w/in 3 years	5,724	69.8	5,697	72.3	-2.5	4,335	67.9	+1.9
# Refusals								
w/ % of Total Pap	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Figure 7-17: Sample Report, Indicator 7

List of women 21-64 w/denominator identified, test/refusal date and code						
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE	

DREW, PAMELA	107039	COMMUNITY #4	F	22	1,2;	
HART, PAMELA	158744	COMMUNITY #4	F	22	1; 01/01/01 VLab	
MADDOX, CHRIS	150681	COMMUNITY #4	F	31	1;	
WHITE, TESS	127519	COMMUNITY #4	F	38	1;	
RANDALL, LOUISE	137699	COMMUNITY #4	F	43	1,2; 02/01/02 VLab	
RAMEY, JOSIE	180761	FACILITY #1	F	63	1,2; 02/12/99 V72.3	
PARRISH, MARILYN	225331	FACILITY #2	F	22	1,2; 03/21/01 VLab	
CARROLL, SYDNEY	105841	FACILITY #2	F	23	1,2; 03/02/02 WH	
ZALE, GRETA	142432	FACILITY #2	F	23	1;	
CLINTON, GLADYS	140260	FACILITY #2	F	25	1,2;	
CARPENTER, MARILYN	134266	FACILITY #2	F	26	1,2; 08/01/01 V72.3	
WENDT, HORTENCE	110719	FACILITY #2	F	40	1;	
CLANCEY, CELESTE	164716	FACILITY #2	F	45	1,2;	
WALTON, BERTHA	228031	FACILITY #2	F	50	1;	
CURTIS, SHERRY	152570	SITE, RURAL	F	47	1,2;	
WEST, KATHERINE	109085	SITE, URBAN	F	22	1;	

Figure 7-18: Sample Patient List, Indicator 7

7.2.8 Indicator 8: Women's Health: Mammogram

GPRA Indicator Description: During FY 2003, maintain mammography screening for eligible women at the FY 2002 rate. [For FY 2003, “eligible women” has been defined as ages 50 through 69.]

Denominator 1: All females in the GPRA User Population ages 52 through 69 without a documented history of bilateral mastectomy.

Denominator 2: All females in the Active Clinical population ages 52 through 69 without a documented history of bilateral mastectomy.

Numerator 1: All females included in the denominator who had a Mammogram documented in the two years prior to the end of the Report period. Documented refusals are counted in this numerator.

Numerator 2 (subset of Numerator 1): Number of patients with documented refusal of a Mammogram.

Logic Description: Age of the patient is calculated at the beginning of the Report period. The difference between the age range 50-69 in the definition and 52-69 in the logic is because GPRA+ looks back 2 years for a procedure, i.e., when a patient who was 52 at the beginning of the Report period would have been 50.

	CPT Codes	ICD and Other Codes
Bilateral Mastectomy		V Procedure: 85.42, 85.44, 85.46, 85.48
Mammogram	VRad or VCPT: 76090–76092	POV: V76.11, V76.12 V Procedure: 87.35 – 87.37 Women's Health: Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat

Patient List Description: A list of all female patients ages 52 through 69 at the beginning of the Report period, with the number of the denominator definition that they meet. Displays date of mammogram, if any, and procedure code or file location.

Indicator Past Performance and Targets:

IHS FY 2001 Performance	21%
IHS FY 2002 Performance	25%
IHS 2010 Goal for % of women with mammogram	70%

Performance Improvement Tips:

1. Providers should ask about and record off-site mammogram procedures (date received and location) on PCC forms. Data entry mnemonic: **HRAD**.
2. Providers should document refusals; write "Refused" in Mammogram Order box on PCC form. Data entry mnemonic: **REF** (Mammogram, Procedure Code, Date Refused).

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DEMO SITE								
Report Period: Oct 01, 2001 to Sep 30, 2002								
Previous Year Period: Oct 01, 2000 to Sep 30, 2001								
Baseline Period: Oct 01, 1997 to Sep 30, 1998								

Indicator 8: Women's Health: Mammogram Rates								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Denominator #1: (GPRA Indicator)								
# User Pop Women								
52-69 years	1,831		1,678			1,314		
# w/Mammogram recorded								
w/in 2 years	231	12.6	254	15.1	-2.5	110	8.4	+4.2
# Refusals w/ % of								
total Mammograms	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Denominator #2:								
# Active Clinical Women								
52-69 years	1,260		1,155			883		
# w/Mammogram recorded								
w/in 2 years	226	17.9	246	21.3	-3.4	104	11.8	+6.2
# Refusals w/ % of								
Total Mammograms	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Figure 7-19: Sample Indicator 8

List of women 52-69 w/denominator identified and Mammogram/refusal date					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE

RAMEY, JOSIE	380761	FACILITY #1	F	63	1,2;
HURST, MAGGIE	106386	FACILITY #2	F	54	1,2; 10/14/00 V76.12
MANUEL, RITA	112345	FACILITY #2	F	69	1;
RANDALL, DALE	211340	SITE, URBAN	F	53	1,2; 01/22/02 ref
ROSE, NANETTE	212345	SITE, URBAN	F	57	1;
CEPEDA, ROXANNE	197744	SITE, URBAN	F	58	1,2; 12/09/00 76091
MCPHERSON, ELLIE	154561	SITE, URBAN	F	61	1,2; 10/16/01 V76.12
HOWELL, ELIZABETH	123456	SITE, URBAN	F	69	1,2; 12/07/00 76091

Figure 7-20: Sample Patient List, Indicator 8

7.2.9 Indicator 13: Oral Health: Access to Dental Services

Indicator Description: During FY 2003, maintain the proportion of the AI/AN population that obtain access to dental services at the FY 2002 level.

Denominator: Same as FY02. All patients in the GPRA User Population.

Numerator: Patients in the denominator who had a dental ADA code 0000 or 0190 documented during the year prior to the end of the Current period.

Logic Description: The V Dental file in PCC is searched for an ADA code of 0000 or 0190.

Patient List Description: List of patients with documented dental visit only, with date and code.

Indicator Past Performance and Targets:

IHS FY 2001 Performance	21%
IHS FY 2002 Performance	26%
IHS 2010 Goal for % of population with dental visit.	40%

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*** IHS FY03 Local Clinical Performance Indicator Report ***

DEMO SITE

Report Period: Oct 01, 2001 to Sep 30, 2002

Previous Year Period: Oct 01, 2000 to Sep 30, 2001

Baseline Period: Oct 01, 1997 to Sep 30, 1998

Indicator 13: Oral Health - Access to Dental Services

Denominator is all GPRA User Population patients.

Numerator is any patient with dental ADA code 0000 or 0190 documented in the year prior to the end of the Report period.

Maintain at the FY2002 level the proportion of the AI/AN population who obtain access to dental services. FY2002: 27% IHS 2010 Goal: 40%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Population	5,989		5,886			5,647		
# w/ADA codes 0000 or 0190 in past year	1,344	22.4	1,809	30.7	-8.3	1,401	24.8	-2.4

Figure 7-21: Sample Report, Indicator 13

List of patients with documented dental visits only and date						
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE	

MADDOX, CHRIS	150681	COMMUNITY #4	F	31	12/26/01;0190	
WHITE, HENRY	183352	COMMUNITY #4	M	9	09/14/02;0000	
TURNER, PETER	161138	COMMUNITY #4	M	77	08/01/02;0000	
RAMEY, JOSIE	180761	FACILITY #1	F	63	09/06/02;0190	
NORTH, VALERIE	151778	FACILITY #2	F	15	07/10/02;0000	
KINGSLEY, LENA	103143	FACILITY #2	F	38	02/23/02;0000	
GRANT, ADAM	321098	FACILITY #2	M	9	11/09/01;0000	
KENT, FRED	164814	FACILITY #2	M	16	04/13/02;0000	
HOWARD, RAY	890123	FACILITY #2	M	61	08/16/02;0190	
CURTIS, SHERRY	654321	SITE, RURAL	F	47	05/23/02;0190	
BLUE, ANDREA	184447	SITE, URBAN	F	10	04/06/02;0000	
SMYTHE, DANIELLE	123456	SITE, URBAN	F	27	03/05/02;0190	

Figure 7-22: Sample Patient List, Indicator 13

7.2.10 Indicator 14: Oral Health: Dental Sealants

Indicator Description: During FY 2003, maintain the number of sealants placed per year in AI/AN children at the FY 2002 level.

Denominator: No denominator. This indicator is a total count only, not a percentage.

Numerator: The total number of dental sealants (code 1351) during the year prior to the end of the Current Report period. Breakout by the following age groups: <12, 12-18, >18.

Logic Description: Age breakouts are based on Healthy People 2010 age groups for dental sealants.

The V Dental file in PCC is searched for any documented ADA code 1351.

Patient List Description: Displays list of patients who had sealants and the number of sealants received in the year prior to the end of the Current Report period.

Indicator Past Performance and Targets:

IHS FY 2001 Performance	212,612
IHS FY 2002 Performance	227,945
IHS 2003 Goal	228,000

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*** IHS FY03 Local Clinical Performance Indicator Report ***

DEMO SITE

Report Period: Oct 01, 2001 to Sep 30, 2002

Previous Year Period: Oct 01, 2000 to Sep 30, 2001

Baseline Period: Oct 01, 1997 to Sep 30, 1998

Indicator 14: Oral Health - Dental Sealants

The number (count) of dealant sealants (code 1351) during the year prior to the end of the Report period. Broken down into three age groups: under 12, 12 through 18, and 19 and older

Maintain the number of sealants placed per year in AI/AN children at the FY2002 level. FY2002 all IHS = 227,945.

	REPORT		PREV YR		CHG from	BASE		CHG from
	PERIOD	%	PERIOD	%	PREV YR	PERIOD	%	BASE
Total # of Sealants documented	30,955		25,611		+5,344	12,461		+18,494
# Dental Sealants documented < 12	11,748	38.0	10,424	40.7	+1,324	6,037	48.4	+5,711
# Dental Sealants documented 12-18	14,424	46.6	11,864	46.3	+2,560	5,083	40.8	+9,341
# Dental Sealants documented >18	4,783	15.5	3,323	13.0	+1,460	1,341	10.8	+3,442

Figure 7-23: Sample Report, Indicator 14

List of patients with number of Sealants in time period					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE

DREW, PAMELA	107039	COMMUNITY #4	F	22	1 sealants
WHITE, HENRY	183352	COMMUNITY #4	M	9	4 sealants
SPICER, MIKE	202242	COMMUNITY #4	M	16	4 sealants
HAYWARD, RILEY	157047	FACILITY #2	F	14	8 sealants
NORTH, VALERIE	165432	FACILITY #2	F	15	4 sealants
RITTER, SARAH	200942	FACILITY #2	F	18	3 sealants
ELLIOTT, ERIC	234561	FACILITY #2	M	8	2 sealants
HAYWARD, ARTHUR	151478	FACILITY #2	M	15	14 sealants
KENT, FRED	654321	FACILITY #2	M	16	5 sealants
JONES, STACY	165616	SITE, URBAN	F	12	1 sealants
PAYTON, CELESTE	123456	SITE, URBAN	F	19	5 sealants

Figure 7-24: Sample Patient List, Indicator 14

7.2.11 Indicator 15: Oral Health: Diabetic Access to Dental Services

Indicator Definition: During FY 2003, increase the proportion of the AI/AN population diagnosed with diabetes who obtain access to dental services by 2% over the FY 2002 level.

Denominator: Same as Denominator #3 from Diabetes indicators 2-6. Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report Period (Diabetes Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-related visits ever. .

Numerator: Patients in the denominator who had a dental ADA code 0000 or 0190 documented during the year prior to the end of the Report period.

Indicator Logic: The V Dental file in PCC is searched for an ADA code of 0000 or 0190.

Patient List Description: List of Active Diabetic patients and date of dental visit and code, if any.

Indicator Past Performance and Targets:

IHS FY 2001 Performance	32%
IHS FY 2002 Performance	NA
HP 2010 Goal for % of diabetic population with dental visit.	75%

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Report Period: Oct 01, 2001 to Sep 30, 2002		
Previous Year Period: Oct 01, 2000 to Sep 30, 2001		
Baseline Period: Oct 01, 1997 to Sep 30, 1998		

Indicator 15: Oral Health - Access to Dental Service for Diabetic Patients		
Denominator: Active Diabetic Patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.		
Numerator is any patient with dental ADA code 0000 or 0190 documented in the year prior to the end of the Report period.		
Increase 2% over the FY2002 level the proportion of the AI/AN population diagnosed with diabetes who obtain access to dental services.		
FY2001: 34% FY2002: NA HP2010 Goal: 75%		
	REPORT PERIOD	% CHG from PREV YR %
	PREV YR PERIOD	% CHG from BASE PERIOD
# Active Diabetics	1,586	1,417
# w/ADA codes 0000 or 0190 in past yr	566 35.7	540 38.1
		-2.4
		295 29.4
		+6.3

Figure 7-25: Sample Report, Indicator 15.

List of diabetic patients and documented dental visits with date					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE

MURRAY, SOPHIA	104227	FACILITY #2	F	44	
HOWARD, RAY	196543	FACILITY #2	M	61	08/16/02;0190
WARNER, MARVIN	987654	COMMUNITY #4	M	74	02/09/02;0000
TURNER, PETER	161138	COMMUNITY #4	M	77	10/01/01;0000
SMYTHE, DANIELLE	199842	SITE, URBAN	F	27	
HOWELL, ELIZABETH	654321	SITE, URBAN	F	69	09/06/02;0190
SAUNDERS, JERRY	150083	SITE, URBAN	M	61	01/14/02;0000

Figure 7-26: Sample Patient List, Indicator 15.

7.2.12 Indicator 23: Public Health Nursing

Indicator Definition: During FY 2003, maintain the total number of public health nursing (PHN) services (primary and secondary treatment and preventive services) provided to individuals in all settings and the total number of home visits at the FY 2002 workload levels.

The reports for the PHN indicator count two different types of data: patient data and visit data. The GPRA indicator is based on *visit* data.

Patient Data

Denominator 1: All GPRA User Population patients.

Numerator 1 related to Denominator 1: Patients served by PHNs in any setting.

Numerator 2 related to Denominator 2: Patients served by PHNs in Home setting.

Visit Data

Denominator 2 (GPRA Indicator): Total number of PHN visits in any setting.

Denominator 3 (GPRA Indicator): Total number of PHN visits in Home setting.

Numerator 1: Neonate (0-28 days);

Numerator 2: Infants (29 days - 12 months);

Numerator 3: Patients ages 1-64.

Numerator 4: Elders (age 65 and older).

Logic Description: A PHN visit is defined as any visit on which the primary or secondary provider has a provider discipline of 13 or 32. Visits in any setting include all PHN visits. Visits in the home setting include any visit with a clinic code of 11 or a location of encounter of HOME; the location used for HOME is entered by the user in the Site Parameters menu option from the System Setup menu (see *section 4.2 Site Parameters*).

Patient List Description: List of any patient who has received PHN visit of any type, indicating number of PHN visits in any setting and number of Home visits.

Indicator Past Performance and Targets:

	All PHN visits	PHN Home visits
IHS FY 2001 Performance	371,548	127,773
IHS FY 2002 Performance	383,436	153,852
IHS 2010 Goal	None currently	None currently

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DEMO SITE								
Report Period: Oct 01, 2001 to Sep 30, 2002								
Previous Year Period: Oct 01, 2000 to Sep 30, 2001								
Baseline Period: Oct 01, 1997 to Sep 30, 1998								

Indicator 23: Public Health Nursing								
	REPORT		PREV YR		CHG from	BASE		CHG from
	PERIOD	%	PERIOD	%	PREV YR	PERIOD	%	BASE
Denominator #1:								
# User Population	57,700		55,936			47,993		
# patients served by PHNs								
in any setting	2,526	4.4	3,766	6.7	-2.4	2,045	4.3	+0.1
# patients served by PHNs								
in a home setting	849	1.5	981	1.8	-0.3	591	1.2	+0.2
Denominator #2 (GPRA Indicator):								
Total # PHN visits -								
any Setting	6,062		8,855		-2	4,538		1
# of PHN visits age 0-28								
days - any Setting	17	0.3	40	0.5	-23	61	1.3	-44
# PHN visits age 29d-12m								
any Setting	422	7.0	1,340	15.1	-918	212	4.7	210
# PHN visits age 1-64								
any Setting	5,241	86.5	7,016	79.2	-1	4,042	89.1	1
# PHN visits age 65+								
any Setting	382	6.3	459	5.2	-77	223	4.9	159
Denominator #3 (GPRA Indicator):								
Total # of PHN Visits -								
Home Setting	2,560		2,507		53	1,448		1
# PHN visits age 0-28 days								
Home Setting	17	0.7	34	1.4	-17	52	3.6	-35
# PHN visits age 29d-12m								
Home Setting	206	8.0	247	9.9	-41	105	7.3	101
# PHN visits age 1-64								
Home Setting	2,074	81.0	1,948	77.7	126	1,146	79.1	928
# PHN visits age 65+								
Home Setting	263	10.3	278	11.1	-15	145	10.0	118

Figure 7-27: Sample Report, Indicator 23.

List of patients with PHN visits (All and Home) documented					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
BRANTLEY, FLORENCE	225531	FACILITY #2	F	2	3 all PHN; 2 home
CARROLL, SYDNEY	665841	FACILITY #2	F	23	1 all PHN; 0 home
ELLIS, CELESTE	140162	FACILITY #2	F	73	1 all PHN; 0 home
HOWARD, RAY	196543	FACILITY #2	M	61	1 all PHN; 0 home
CURTIS, SHERRY	152570	SITE, RURAL	F	47	2 all PHN; 1 home
BELL, CHRIS	778831	SITE, URBAN	M	0	1 all PHN; 1 home
BUTCHER, JON	990232	SITE, URBAN	M	2	1 all PHN; 0 home
WHITT, RALPH	229031	SITE, URBAN	M	2	1 all PHN; 0 home
SMITH, JOHN	190230	SITE, URBAN	M	8	1 all PHN; 0 home

Figure 7-28: Sample Patient List, Indicator 23.

7.2.13 Indicator 25: Adult Immunizations: Influenza

GPRA Indicator Definition: In FY 2003, maintain FY 2002 influenza vaccination rates among non-institutionalized adults aged 65 years and older.

Denominator 1: All GPRA User Population patients ages 50 or older at the beginning of the time period.

Denominator 1A (subset of Denominator 1): All GPRA User Population patients who were ages 50-64 at the beginning of the time period.

Denominator 1B (subset of Denominator 1) (GPRA Indicator): All GPRA User Population patients who were ages 65 and older at the beginning of the time period.

Denominator 2: All Active Clinical patients ages 50 or older at the beginning of the time period.

Denominator 2A (subset of Denominator 1): All Active Clinical patients who were age 50-64 at the beginning of the time period.

Denominator 2B (subset of Denominator 1): All Active Clinical patients who were ages 65 and older at the beginning of the time period.

Denominator 3: Same as Denominator #3 from Diabetes indicators 2-6. Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report Period (Diabetes Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-related visits ever.

Numerator: Patients in the denominator with Influenza vaccine documented in the year prior to the end of the Report period.

Logic Description: Age of the patient is calculated at the beginning of the Report period. . Influenza vaccine is defined in the following ways:

	CPT Codes	ICD and Other Codes
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Influenza Vaccine	90657-90660	Immunization Code: 88 or 12 (old code) POV: V04.8, V06.6 ICD Procedure: 99.52
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Patient List Description: List of Patients ages 50 or older OR with Diabetes diagnosis, with appropriate denominator identified. Displays date of Influenza Vaccine, if any, and corresponding code.

GPRA Indicator Past Performance and Targets:

IHS FY 2001 Performance	35%
IHS FY 2002 Performance	31%
HP 2010 Goal for % of patients => 65	90%

Performance Improvement Tips:

1. Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: **HIM**
2. Providers should document refusals; write “Refused” in Influenza Order box on PCC form. Data entry mnemonic: **REF** (Immunization, Value, Date Refused).

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DEMO SITE								
Report Period: Jan 01, 2002 to Dec 31, 2002								
Previous Year Period: Jan 01, 2001 to Dec 31, 2001								
Baseline Period: Jan 01, 1999 to Dec 31, 1999								

Indicator 25: Adult Immunizations - Influenza Vaccine								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Denominator #1:								
# User Pop ages								
50 and older	915		852			750		
Total # w/Flu vaccine								
documented	441	48.2	351	41.2	+7.0	283	37.7	+10.5
Denominator 1A: # User Pop ages								
50-64	566		530			491		
Total # w/Flu vaccine								
documented	271	47.9	203	38.3	+9.6	161	32.8	+15.1
Denominator 1B: # User Pop ages								
65 and older	349		322			259		
Total # w/Flu vaccine								
documented	170	48.7	148	46.0	+2.7	122	47.1	+1.6
Denominator #2: # Active								
Clinical ages =>50	769		732			627		
Total # w/Flu vaccine								
documented	414	53.8	345	47.1	+6.7	278	44.3	+9.5
Denominator 2A: # Active Clinical								
ages 50-64	468		452			401		
Total # w/Flu vaccine								
documented	254	54.3	198	43.8	+10.5	159	39.7	+14.6
Denominator 2B: # Active Clinical ages								
65 and older	301		280			226		
Total # w/Flu vaccine								
documented	160	53.2	147	52.5	+0.7	119	52.7	+0.5
Denominator #3: # Diabetic Patients								
=> 19 years	634		597			514		
Total # w/Flu vaccine								
documented	383	60.4	344	57.6	+2.8	269	52.3	+8.1

Figure 7-29: Sample Report, Indicator 25

List of Patients >= 50 yrs or DM DX with date of Influenza Vaccine, if any					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE

MCCLENNY, PAUL	203342	COMMUNITY #4	M	69	1;
WARNER, MARVIN	181359	COMMUNITY #4	M	74	1,2,3; 01/03/02 V04.8
WRIGHT, CHRIS	159840	COMMUNITY #4	M	85	1,2,;
RAMEY, JOSIE	180761	FACILITY #1	F	63	1,2; 01/01/02 Imm 88
MANUEL, DOUGLAS	136125	FACILITY #1	M	51	1;
MURRAY, SOPHIA	104227	FACILITY #2	F	44	3; 02/22/02 Imm 88
MANUEL, RITA	158144	FACILITY #2	F	69	1,;
ELLIS, CELESTE	140162	FACILITY #2	F	73	1,2; 12/05/01 Imm 88
MOCKBE, MARVIN	115750	FACILITY #2	M	62	1,2,; 01/09/02 Imm 88
KETCHUP, ABRAHAM	203442	FACILITY #2	M	81	1,2;
STEVENSON, JOSHUA	154362	FACILITY #3	M	24	3;
SMYTHE, DANIELLE	199842	SITE, URBAN	F	27	3; 01/30/02 Imm 88
ROSE, NANETTE	223632	SITE, URBAN	F	50	1,;
MCPHERSON, ELLIE	154561	SITE, URBAN	F	61	1,2,; 11/30/01 90657

Figure 7-30: Sample Patient List, Indicator 25.

7.2.14 Indicator 26: Adult Immunizations: Pneumococcal

GPRA Indicator Definition (New for FY03): In FY 2003, maintain the FY 2002 rate for pneumococcal vaccination levels among non-institutionalized adults age 65 years and older.

Denominator 1: All GPRA User Population patients ages 65 or older at the beginning of the time period.

Denominator 2: All Active Clinical patients ages 65 or older at the beginning of the time period.

Denominator 3: Same as Denominator #3 from Diabetes indicators 2-6. Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report Period (Diabetes Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-related visits ever.

Numerator: Patients in the denominator with pneumovax documented *at any time* prior to the end of the Report period.

Logic Description: Age of the patient is calculated at the beginning of the Report period. Pneumovax is defined in the following ways:

	CPT Codes	ICD and Other Codes
Pneumovax	90732	Immunization codes: 33 - Pneumococcal Polysaccharide Vaccine; 100 – Pneumococcal Conjugate Vaccine; 19 (old code) POV: V06.6; V03.89, V03.82 V Procedure: 99.55

Patient List Description: List of Patients ages 65 or older OR with Diabetes diagnosis, with appropriate denominator identified. Displays date of Pneumovax, if any, and corresponding code.

GPRA Indicator Past Performance and Targets:

IHS FY 2002 Performance	None (new indicator)
HP 2010 Goal for % of patients => 65	90%

Performance Improvement Tips:

1. Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: **HIM**
2. Providers should document refusals; write “Refused” in Pneumo Vax Order box on PCC form. Data entry mnemonic: **REF** (Immunization, Value, Date Refused).

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DEMO SITE								
Report Period: Oct 01, 2001 to Sep 30, 2002								
Previous Year Period: Oct 01, 2000 to Sep 30, 2001								
Baseline Period: Oct 01, 1997 to Sep 30, 1998								

Indicator 26: Adult Immunizations - Pneumovax								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Denominator #1: (GPRA Indicator)								
# User Pop Total								
=> 65	1,124		1,072			860		
Total # w/Pneumovax								
documented	586	52.1	556	51.9	+0.3	317	36.9	+15.3
Denominator #2: # Active								
Clinical =>65								
	797		732			555		
Total # w/Pneumovax								
documented	532	66.8	501	68.4	-1.7	293	52.8	+14.0
Denominator #3: # Active								
Diabetic Patients								
	1,574		1,404			995		
Total # w/Pneumovax								
documented	1,146	72.8	1,065	75.9	-3.0	599	60.2	+12.6

Figure 7-31: Sample Report, Indicator 26

List of Patients >= 65 yrs or DM DX with date of Pneumovax, if any					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE

MCCLENNY, PAUL	203342	COMMUNITY #4	M	69	1;
WARNER, MARVIN	181359	COMMUNITY #4	M	74	1,2,3; 12/07/93 Imm 33
TURNER, PETER	161138	COMMUNITY #4	M	77	1,2,3; 09/06/02 99.55
WRIGHT, CHRIS	159840	COMMUNITY #4	M	85	1,2;
MURRAY, SOPHIA	104227	FACILITY #2	F	44	3; 09/20/96 Imm 33
MANUEL, RITA	158144	FACILITY #2	F	69	1;
ELLIS, CELESTE	140162	FACILITY #2	F	73	1,2,; 09/23/98 V03.89
LUNDY, MAUDE	151378	FACILITY #2	F	76	1,2; 12/08/00 Imm 33
HOWARD, RAY	196543	FACILITY #2	M	61	3; 12/15/00 Imm 100
KETCHUP, ABRAHAM	203442	FACILITY #2	M	81	1,2; 10/18/96 Imm 33
STEVENSON, JOSHUA	154362	FACILITY #3	M	24	3;
MORENO, DALLAS	106826	FACILITY #3	M	80	1,;
PITT, LUCAS	156847	FACILITY #3	M	84	1;
SMYTHE, DANIELLE	199842	SITE, URBAN	F	27	3; 01/30/01 Imm 33
HOWELL, ELIZABETH	159640	SITE, URBAN	F	69	1,2,3; 10/17/96 90732
WEST, DEBBIE	160639	SITE, URBAN	F	77	1;
POOLEY, LOUISE	108765	SITE, URBAN	F	81	1,2,; 01/01/95 Imm 33
SAUNDERS, JERRY	150083	SITE, URBAN	M	37	3;
CHAMBLIS, GENE	208640	SITE, URBAN	M	74	1;

Figure 7-32: Sample Patient List, Indicator 26

7.2.15 Indicator 30-1: Cardiovascular Disease Prevention: Lipids Assessment

GPRA Indicator Definition: During FY 2003, the IHS will continue collaboration with NIH to assist three AI/AN communities to implement culturally sensitive community-directed pilot cardiovascular disease prevention programs and initiate expansion into at least one new AI/AN site. (Current sites: the Laguna Pueblo of New Mexico, the Ponca Tribe of Oklahoma, and Bristol Bay, Alaska)

Selected and developed by each local site, consistent with interventions, to be tracked through RPMS:

- **** Blood Lipids (% of appropriate patients assessed, % abnormal LDL, TG, HDL; % treated; % at goal) [GPRA+ Indicator 30-1]**
- Hypertension (% of adults with HTN, % treated, % at goal) [GPRA+ Indicator 30-2]
- Tobacco rates: Using the Health Factors Taxonomy: i.e. documentation and coding on the PCC using the IHS Patient Education Protocols and Codes [GPRA+ Indicator H]
- Tobacco Usage Rates [GPRA+ Indicator H]
- Number of Clients in Tobacco cessation programs [GPRA+ Indicator H]
- Number of people who have successfully quit (Quit = not had a cigarette in a year) [GPRA+ Indicator H]
- Obesity rates measured by BMI [GPRA+ Indicator 31]
- Tracking of Patient Education on exercise using the IHS Patient and Family Education Protocols and Codes [GPRA+ Indicator C-1]

Denominator 1: All GPRA User Population patients ages 45 and over at the beginning of the Report period who are not diabetic (no diagnosis 250.00-250.93 ever).

Denominator 2: All Active Clinical patients ages 45 and over at the beginning of the Report period who are not diabetic (no diagnosis 250.00-250.93 ever).

Denominator 3: Based on Denominator #3 from Diabetes indicators 2-6. Active Diabetic patients ages 45 and older, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 diabetes-related visits ever. Broken out by gender.

Numerator 1: Patients who have had *either* a LIPID PROFILE *or* an LDL, an HDL and Triglyceride (TG) (all three) in the five years prior to the end of the Report period.

Numerator 2: Patients with LDL less than or equal to (\leq) 100.

Numerator 3: Patients with LDL between 101-130.

Numerator 4: Patients with LDL between 131-160.

Numerator 5: Patients with LDL greater than (>) 160.

Logic Description: Age of the patient is calculated at the beginning of the Report period. For each numerator, counts all Y instances reported, regardless of the results of the measurement. For each of the tests described in the numerator, GPRA+ searches for the last test done in the five years prior to the end of the Report period.

GPRA+ uses the following to define the tests:

Test	CPT Codes	LOINC Codes (TBD)	Taxonomy
Lipid Profile	80061		DM AUDIT LIPID PROFILE TAX
LDL	80061; 83721		DM AUDIT LDL CHOLESTEROL TAX
HDL	83718		DM AUDIT HDL TAX
Triglyceride	84478		DM AUDIT TRIGLYCERIDE TAX

Patient List Description: List of Patients ages 45 or older with appropriate denominator identified. The date of any tests described in the numerators, with the LDL value, if any.

GPRA Indicator Past Performance and Targets:

IHS FY 2002 Performance	None (new indicator)
HP 2010 Goal for % of adults who had blood cholesterol checked in past 5 years	80%

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DEMO SITE									
Report Period: Oct 01, 2001 to Sep 30, 2002									
Previous Year Period: Oct 01, 2000 to Sep 30, 2001									
Baseline Period: Oct 01, 1997 to Sep 30, 1998									

Indicator 30-1: Cardiovascular Disease Prevention: Lipids Assessment									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Denominator #1: User Pop									
>45 w/ no DM DX	3,956		3,745			3,121			
# w/Lipid Profile OR									
TG & HDL & LDL									
recorded	1,277	32.3	942	25.2	+7.1	24	0.8	+31.5	
# w/LDL result									
=<100	509	12.9	409	10.9	+1.9	91	2.9	+10.0	
# w/LDL result									
101-130	502	12.7	408	10.9	+1.8	93	3.0	+9.7	
# w/LDL result									
131-160	273	6.9	218	5.8	+1.1	71	2.3	+4.6	
# w/LDL result									
>160	91	2.3	66	1.8	+0.5	32	1.0	+1.3	
Denominator #1: Male									
User Pop >45									
w/ no DM DX	1,625		1,532			1,283			
# w/Lipid Profile OR									
TG & HDL & LDL									
recorded	442	27.2	323	21.1	+6.1	7	0.5	+26.7	
# w/LDL result									
=<100	169	10.4	120	7.8	+2.6	22	1.7	+8.7	
# w/LDL result									
101-130	188	11.6	151	9.9	+1.7	33	2.6	+9.0	
# w/LDL result									
131-160	87	5.4	78	5.1	+0.3	29	2.3	+3.1	
# w/LDL result									
>160	30	1.8	21	1.4	+0.5	7	0.5	+1.3	
Denominator #1: Female									
User Pop >45									
w/ no DM DX	2,331		2,213			1,838			
# w/Lipid Profile OR									
TG & HDL & LDL									
recorded	835	35.8	619	28.0	+7.9	17	0.9	+34.9	
# w/LDL result									
=<100	340	14.6	289	13.1	+1.5	69	3.8	+10.8	
# w/LDL result									
101-130	314	13.5	257	11.6	+1.9	60	3.3	+10.2	
# w/LDL result									
131-160	186	8.0	140	6.3	+1.7	42	2.3	+5.7	
# w/LDL result									
>160	61	2.6	45	2.0	+0.6	25	1.4	+1.3	
Indicator 30-1 (con't): Cardiovascular Disease Prevention: Lipids									

Denominator #2: Active Clinical								
>45 w/ no DM DX	1,820		1,707			1,368		
# w/Lipid Profile OR								
TG & HDL & LDL recorded	1,131	62.1	861	50.4	+11.7	22	1.6	+60.5
# w/LDL result =<100	437	24.0	360	21.1	+2.9	80	5.8	+18.2
# w/LDL result 101-130	444	24.4	366	21.4	+3.0	81	5.9	+18.5
# w/LDL result 131-160	226	12.4	189	11.1	+1.3	64	4.7	+7.7
# w/LDL result >160	75	4.1	55	3.2	+0.9	30	2.2	+1.9
Denominator #2: Male Active Clinical								
>45 w/ no DM DX	588		540			421		
# w/Lipid Profile OR								
TG & HDL & LDL recorded	380	64.6	286	53.0	+11.7	7	1.7	+63.0
# w/LDL result =<100	142	24.1	100	18.5	+5.6	20	4.8	+19.4
# w/LDL result 101-130	159	27.0	134	24.8	+2.2	29	6.9	+20.2
# w/LDL result 131-160	70	11.9	64	11.9	+0.1	24	5.7	+6.2
# w/LDL result >160	20	3.4	15	2.8	+0.6	6	1.4	+2.0
Denominator #2: Female Active Clinical								
>45 w/ no DM DX	1,232		1,167			947		
# w/Lipid Profile OR								
TG & HDL & LDL recorded	751	61.0	575	49.3	+11.7	15	1.6	+59.4
# w/LDL result =<100	295	23.9	260	22.3	+1.7	60	6.3	+17.6
# w/LDL result 101-130	285	23.1	232	19.9	+3.3	52	5.5	+17.6
# w/LDL result 131-160	156	12.7	125	10.7	+2.0	40	4.2	+8.4
# w/LDL result >160	55	4.5	40	3.4	+1.0	24	2.5	+1.9
Indicator 30-1 (con't): Cardiovascular Disease Prevention: Lipids								
Denominator #3: Active Diabetic								
Patients >45	954		856			611		
# w/Lipid Profile OR								
TG & HDL & LDL recorded	899	94.2	758	88.6	+5.7	15	2.5	+91.8
# w/LDL result =<100	415	43.5	340	39.7	+3.8	72	11.8	+31.7
# w/LDL result 101-130	324	34.0	281	32.8	+1.1	48	7.9	+26.1
# w/LDL result								

131-160	126	13.2	123	14.4	-1.2	31	5.1	+8.1
# w/LDL result >160	41	4.3	24	2.8	+1.5	17	2.8	+1.5
Denominator #3: Male Active Diabetic Patients >45	328		285			196		
# w/Lipid Profile OR TG & HDL & LDL recorded	312	95.1	265	93.0	+2.1	8	4.1	+91.0
# w/LDL result =<100	147	44.8	121	42.5	+2.4	29	14.8	+30.0
# w/LDL result 101-130	109	33.2	88	30.9	+2.4	19	9.7	+23.5
# w/LDL result 131-160	40	12.2	49	17.2	-5.0	14	7.1	+5.1
# w/LDL result >160	16	4.9	7	2.5	+2.4	4	2.0	+2.8
Denominator #3: Female Active Diabetic Patients >45	626		571			415		
# w/Lipid Profile OR TG & HDL & LDL recorded	587	93.8	493	86.3	+7.4	7	1.7	+92.1
# w/LDL result =<100	268	42.8	219	38.4	+4.5	43	10.4	+32.5
# w/LDL result 101-130	215	34.3	193	33.8	+0.5	29	7.0	+27.4
# w/LDL result 131-160	86	13.7	74	13.0	+0.8	17	4.1	+9.6
# w/LDL result >160	25	4.0	17	3.0	+1.0	13	3.1	+0.9

Figure 7-33: Sample Report, Indicator 30-1

List of Patients w/ denominator identified & Documented Lipid Values					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
WARNER, MARVIN	181359	COMMUNITY #2	M	60	1,2; LP; 12/06/01 126
LEWIS, TRAVIS MARTIN	68816	COMMUNITY #4	M	46	3;
MURRAY, SOPHIA ANNA	104227	FACILITY #2	F	45	1; LP; 09/13/02 94
NEWTON, HAROLD S	103321	FACILITY #2	M	51	1,2; LP; 02/20/02 97
ESPINOZA, EMMA VALDEZ	30986	FACILITY #3	F	46	1,2; LP; 05/02/02 137
COOK, CHRISTINE MARTIN	173546	FACILITY #3	F	50	3;
LEWIS, ERNESTINE LYMAN	53906	FACILITY #3	F	60	1;
DOKA, REGINALD	12543	FACILITY #3	M	51	1,2;
WORRELL, BERNARD	186840	FACILITY #3	M	55	1,2;
GUERRERO, LORENIA	58069	SITE, RURAL	F	48	1; LP; 02/05/02 139
BEGAY, EMMARIETA	172489	SITE, RURAL	F	67	3;
MULTINE, CHARLENE ANN	178915	SITE, RURAL	F	73	1;
SANTOS, LINDA	114645	SITE, URBAN	F	52	1,2;
SAUNDERS, JERRY	150083	SITE, URBAN	M	61	3; LP; 08/12/02 150

Figure 7-34: Sample Patient List, Indicator 30-1

7.2.16 Indicator 30-2: Cardiovascular Disease Prevention: Hypertension

GPRA Indicator Definition: During FY 2003, the IHS will continue collaboration with NIH to assist three AI/AN communities to implement culturally sensitive community-directed pilot cardiovascular disease prevention programs and initiate expansion into at least one new AI/AN site. (Current sites: the Laguna Pueblo of New Mexico, the Ponca Tribe of Oklahoma, and Bristol Bay, Alaska)

Selected and developed by each local site, consistent with interventions, to be tracked through RPMS:

- Blood Lipids (% of appropriate patients assessed, % abnormal LDL, TG, HDL; % treated; % at goal) [GPRA+ Indicator 30-1]
- **** Hypertension (% of adults with HTN, % treated, % at goal) [GPRA+ Indicator 30-2]**
- Tobacco rates: Using the Health Factors Taxonomy: i.e. documentation and coding on the PCC using the IHS Patient Education Protocols and Codes [GPRA+ Indicator H]
- Tobacco Usage Rates [GPRA+ Indicator H]
- Number of Clients in Tobacco cessation programs [GPRA+ Indicator H]
- Number of people who have successfully quit (Quit = not had a cigarette in a year) [GPRA+ Indicator H]
- Obesity rates measured by BMI [GPRA+ Indicator 31]
- Tracking of Patient Education on exercise using the IHS Patient and Family Education Protocols and Codes [GPRA+ Indicator C-1]

Denominator 1: All GPRA User Population patients ages 45 and older at the beginning of the Report period who are not diabetic (no diagnosis 250.00-250.93 ever). Broken out by gender.

Denominator 2: All Active Clinical patients ages 45 and older at the beginning of the Report period who are not diabetic (no diagnosis 250.00-250.93 ever). Broken out by gender.

Denominator 3: Based on Denominator #3 from Diabetes indicators 2-6. Active Diabetic patients ages 45 and older, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report Period (Diabetes Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-related visits ever. Broken out by gender.

Numerator 1: Patients with **optimal** Blood Pressure (BP), defined as the mean systolic value is less than or equal to (\leq) 130 AND the mean diastolic value is less than or equal to (\leq) 80.

Numerator 2: Patients with **controlled** Blood Pressure (BP), defined as mean systolic value greater than ($>$) 130 and less than or equal to (\leq) 139 AND mean diastolic value greater than ($>$) 80 and less than or equal to (\leq) 90.

Numerator 3: Patients with **uncontrolled** Blood Pressure (BP), defined as mean systolic value greater than (>) 139 and less than or equal to (<=) 159 AND mean diastolic value greater than (>) 90 and less than or equal to (<=) 100.

Numerator 4: Patients with **severe uncontrolled** Blood Pressure (BP), defined as mean systolic value greater than (>) 159 AND mean diastolic value greater than (>) 100.

Numerator 5: Patients with **undetermined** BP, defined as patients with less than 2 blood pressures documented at non-ER visits in the year prior to the end of the Report period.

Logic Description: Age of the patient is calculated at the beginning of the Report period.

For each of the numerators, GPRA+ uses the last 2 Blood Pressures documented on non-ER visits in the year prior to the end of the Report period. The mean Systolic value is calculated by adding the last 2 systolic values and dividing by 2. The mean Diastolic value is calculated by adding the diastolic values from the last 2 blood pressures and dividing by 2. If the systolic and diastolic values do not BOTH meet one of the four categories listed above, then the value that is *least* controlled determines the category.

Patient List Description: A list of all patients ages 45 and older, with the number of the denominator definition that they meet. Displays the mean blood pressure value, if any, and designates OPT for Optimal (Numerator 1), CON for Controlled (Numerator 2), UNC for Uncontrolled (Numerator 3), and SUNC for Severe Uncontrolled (Numerator 4).

GPRA Indicator Past Performance and Targets:

IHS FY 2002 Performance	None (new indicator)
HP 2010 Goal for % of adults with high blood pressure (140/90)	16%

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DEMO SITE								
Report Period: Oct 01, 2001 to Sep 30, 2002								
Previous Year Period: Oct 01, 2000 to Sep 30, 2001								
Baseline Period: Oct 01, 1997 to Sep 30, 1998								

Indicator 30-2: Cardiovascular Disease Prevention: Hypertension								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Denominator #1: User Pop								
>45 w/ no DM DX	3,956		3,745			3,121		
w/ Optimal BP								
=< 130/80	686	17.3	631	16.8	+0.5	526	16.9	+0.5
# w/ Controlled BP								
(>130/80, =< 139/90)	302	7.6	253	6.8	+0.9	181	5.8	+1.8
# w/ Uncontrolled BP								
(>130/90, =<159/100)	416	10.5	380	10.1	+0.4	240	7.7	+2.8
# w/ Severe uncontrolled								
BP >159/100	95	2.4	80	2.1	+0.3	60	1.9	+0.5
# w/Undetermined								
BP	2,457	62.1	2,401	64.1	-2.0	2,114	67.7	-5.6
Denominator #1: Male User Pop								
>45 w/ no DM DX	1,625		1,532			1,283		
w/ Optimal BP								
=< 130/80	195	12.0	179	11.7	+0.3	154	12.0	-0.0
# w/ Controlled BP								
(>130/80, =< 139/90)	94	5.8	89	5.8	-0.0	59	4.6	+1.2
# w/ Uncontrolled BP								
(>130/90, =<159/100)	167	10.3	145	9.5	+0.8	79	6.2	+4.1
# w/ Severe uncontrolled								
BP >159/100	29	1.8	22	1.4	+0.3	17	1.3	+0.5
# w/Undetermined								
BP	1,140	70.2	1,097	71.6	-1.5	974	75.9	-5.8
Denominator #1: Female User Pop								
>45 w/ no DM DX	2,331		2,213			1,838		
w/ Optimal BP								
=< 130/80	491	21.1	452	20.4	+0.6	372	20.2	+0.8
# w/ Controlled BP								
(>130/80, =< 139/90)	208	8.9	164	7.4	+1.5	122	6.6	+2.3
# w/ Uncontrolled BP								
(>130/90, =<159/100)	249	10.7	235	10.6	+0.1	161	8.8	+1.9
# w/ Severe uncontrolled								
BP >159/100	66	2.8	58	2.6	+0.2	43	2.3	+0.5
# w/Undetermined								
BP	1,317	56.5	1,304	58.9	-2.4	1,140	62.0	-5.5

Indicator 30-2 (con't): Cardiovascular Disease Prevention: Hypertension								
Denominator #2: Active Clinical								
>45 w/ no DM DX	1,820		1,707			1,368		
w/ Optimal BP								
=< 130/80	622	34.2	574	33.6	+0.5	465	34.0	+0.2
# w/ Controlled BP								
(>130/80, =< 139/90)	265	14.6	224	13.1	+1.4	173	12.6	+1.9
# w/ Uncontrolled BP								
(>130/90, =<159/100)	371	20.4	337	19.7	+0.6	225	16.4	+3.9
# w/ Severe uncontrolled								
BP >159/100	86	4.7	71	4.2	+0.6	59	4.3	+0.4
# w/Undetermined								
BP	476	26.2	501	29.3	-3.2	446	32.6	-6.4
Denominator #3: Active Diabetic								
Patients >45	954		856			611		
w/ Optimal BP								
=< 130/80	366	38.4	289	33.8	+4.6	228	37.3	+1.0
# w/ Controlled BP								
(>130/80, =< 139/90)	195	20.4	177	20.7	-0.2	113	18.5	+1.9
# w/ Uncontrolled BP								
(>130/90, =<159/100)	276	28.9	268	31.3	-2.4	185	30.3	-1.3
# w/ Severe uncontrolled								
BP >159/100	83	8.7	93	10.9	-2.2	66	10.8	-2.1
# w/Undetermined								
BP	34	3.6	29	3.4	+0.2	19	3.1	+0.5

Figure 7-35: Sample Report, Indicator 30-2

List of Patients w/ denominator identified & Mean BP, if any					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE

RAMEY, JOSIE	180761	FACILITY #1	F	63	1,2; 131/72 CON
MANUEL, DOUGLAS	136125	FACILITY #1	M	56	1; u
WORRELL, TRACY	128793	FACILITY #2	F	52	1,2; 132/76 CON
HURST, MAGGIE	106386	FACILITY #2	F	54	1,2; 129/75 OPT
MANUEL, RITA	258144	FACILITY #2	F	69	1; u
ELLIS, CELESTE	140162	FACILITY #2	F	73	1,2; 136/80 CON
LUNDY, MAUDE	351378	FACILITY #2	F	76	1,2; u
MANTLE, ADAM	440062	FACILITY #2	M	51	1; u
HOWARD, RAY	596547	FACILITY #2	M	61	3; 135/65 CON
MOCKBE, MARVIN	615756	FACILITY #2	M	62	1,2; 150/73 UNC
KETCHUP, ABRAHAM	203445	FACILITY #2	M	81	1,2; 147/79 UNC
JAMES, MARYANN	765714	FACILITY #3	F	51	1; u
MORENO, DALLAS	806823	FACILITY #3	M	80	1; u
BEERS, ROBERT	900338	COMMUNITY #4	M	49	1,2; u
MCCLENNY, PAUL	203342	COMMUNITY #4	M	69	1; u
WARNER, MARVIN	181359	COMMUNITY #4	M	74	3; 165/89 SUNC

Figure 7-36: Sample Patient List, Indicator 30-2

7.2.17 Indicator 31: Obesity

GPRA Indicator Definition: During FY 2003, begin implementation or continue implementation all components of the Indian health system obesity prevention and treatment plan developed in FY 2002 that include:

- a. a multidisciplinary stakeholder obesity prevention and treatment planning group
- b. a staff development and IT development plan to assure securing height and weight data for all system users to monitor AI/AN population obesity
- c. an infrastructure to collect, interpret and diffuse the approaches from obesity related demonstration projects and studies to IHS Areas and I/T/Us.

Proposed GPRA FY04: Each Area will establish the omission rate of recording the height and weight of its patients (to identify BMI). Each Area will generate a standard age-specific report of BMIs on children and adults.

Proposed GPRA FY05: Each Area will decrease the omission rate of recording the height and weight of its patients (to identify BMI) by 10% percent. Each Area will generate a standard age-specific report of BMIs on children and adults.

Denominator 1: Same as FY02. All GPRA User Population patients ages 2 through 74 at beginning of Report period. Breakdown each denominator by gender and by the following age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74.

Denominator 2: All Active Clinical patients ages 2 through 74 at beginning of Report period. Breakdown each denominator by gender and by the following age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74.

Numerator 1: Same as FY02. Patients for whom a BMI could be calculated.

Numerator 2: For those with a BMI calculated, those considered overweight but not obese using BMI and standard BMI tables.

Numerator 3: For those with a BMI calculated, those considered obese using BMI and standard BMI tables.

Numerator 4: Total of Numerators 2 and 3, all overweight patients.

Additional Report Features: Report pages following the summary break the data down further for the following age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, and 55-74 yrs. Age group breakdowns are based on Healthy People 2010.

Logic Description: Age is calculated at the beginning of the Report period. GPRA+ calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken *on the same day* any time in the year prior to the end of the Report period. For 19 through 50, height and weight must be recorded within the last five years, although not required to be on the same day. For over 50, height

and weight must be recorded within the last two years, not required to be taken on the same day.

Overweight but not obese is defined as BMI of 25 through 29 for adults 19 and older; for ages 2-18, based on standard tables.

Obese is defined as BMI of 30 or more for adults 19 and older; for ages 2-18, based on standard tables.

Patient List Description: List of patients for whom a BMI can NOT be calculated, with appropriate denominator defined.

Indicator Targets: TBD

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*** IHS FY03 Local Clinical Performance Indicator Report ***								
DEMO SITE								
Report Period: Oct 01, 2001 to Sep 30, 2002								
Previous Year Period: Oct 01, 2000 to Sep 30, 2001								
Baseline Period: Oct 01, 1997 to Sep 30, 1998								

Indicator 31: Obesity Prevention and Treatment								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Denominator #1: User Pop								
Patients ages 2-74	53,228		51,523			44,090		
# w/BMI calculated	28,003	52.6	26,114	50.7	+1.9	17,200	39.0	+13.6
# overweight	7,060	25.2	6,660	25.5	-0.3	4,154	24.2	+1.1
# Obese	12,920	46.1	11,883	45.5	+0.6	7,400	43.0	+3.1
# Overweight/Obese	19,980	71.3	18,543	71.0	+0.3	11,554	67.2	+4.2
# Male User Pop								
2-74 years	24,090		23,369			19,888		
# w/BMI calculated	10,118	42.0	9,317	39.9	+2.1	5,780	29.1	+12.9
# overweight	2,575	25.4	2,357	25.3	+0.2	1,327	23.0	+2.5
# Obese	4,565	45.1	4,154	44.6	+0.5	2,390	41.3	+3.8
# Overweight/Obese	7,140	70.6	6,511	69.9	+0.7	3,717	64.3	+6.3
# Female User Pop								
Patients 2-74 yrs	29,138		28,154			24,202		
# w/BMI calculated	17,885	61.4	16,797	59.7	+1.7	11,420	47.2	+14.2
# overweight	4,485	25.1	4,303	25.6	-0.5	2,827	24.8	+0.3
# Obese	8,355	46.7	7,729	46.0	+0.7	5,010	43.9	+2.8
# Overweight/Obese	12,840	71.8	12,032	71.6	+0.2	7,837	68.6	+3.2
Denominator #2: Active Clinical								
users ages 2-74	25,060		24,206			19,886		
# w/BMI calculated	19,643	78.4	18,690	77.2	+1.2	13,450	67.6	+10.7
# overweight	4,667	23.8	4,498	24.1	-0.3	3,115	23.2	+0.6
# Obese	9,159	46.6	8,659	46.3	+0.3	5,872	43.7	+3.0
# Overweight/Obese	13,826	70.4	13,157	70.4	-0.0	8,987	66.8	+3.6
Denominator #2: Male Active Clinical								
ages 2-74	9,219		8,818			7,209		
# w/BMI calculated	6,596	71.5	6,150	69.7	+1.8	4,440	61.6	+10.0
# overweight	1,530	23.2	1,402	22.8	+0.4	970	21.8	+1.3
# Obese	2,989	45.3	2,773	45.1	+0.2	1,824	41.1	+4.2
# Overweight/Obese	4,519	68.5	4,175	67.9	+0.6	2,794	62.9	+5.6
Denominator #2: Female Active Clinical								
ages 2-74	15,841		15,388			12,677		
# w/BMI calculated	13,047	82.4	12,540	81.5	+0.9	9,010	71.1	+11.3
# overweight	3,137	24.0	3,096	24.7	-0.6	2,145	23.8	+0.2
# Obese	6,170	47.3	5,886	46.9	+0.4	4,048	44.9	+2.4
# Overweight/Obese	9,307	71.3	8,982	71.6	-0.3	6,193	68.7	+2.6

Figure 7-37: Sample Report Summary Page, Indicator 31

Indicator 31 (con't): Obesity Prevention and Treatment								
TOTAL GPRA USER POPULATION								
Age Distribution								
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total # User Pop	5,793	7,261	8,755	7,279	10,709	7,268	3,714	2,449
# w/ BMI calculated	2,703	3,087	3,434	3,884	6,171	4,653	2,408	1,663
% w/BMI calculated	46.7	42.5	39.2	53.4	57.6	64.0	64.8	67.9
# Overweight	513	518	751	1,066	1,700	1,323	641	548
% Overweight	19.0	16.8	21.9	27.4	27.5	28.4	26.6	33.0
# Obese	612	1,066	1,278	1,712	3,356	2,630	1,452	814
% Obese	22.6	34.5	37.2	44.1	54.4	56.5	60.3	48.9
# Overweight or Obese	1,125	1,584	2,029	2,778	5,056	3,953	2,093	1,362
% Overweight or Obese	41.6	51.3	59.1	71.5	81.9	85.0	86.9	81.9
PREVIOUS YEAR PERIOD								
Total # User Pop	5,678	7,240	8,447	6,996	10,363	7,099	3,420	2,280
# w/ BMI calculated	2,693	3,016	3,236	3,567	5,637	4,290	2,166	1,509
% w/BMI calculated	47.4	41.7	38.3	51.0	54.4	60.4	63.3	66.2
# Overweight	515	555	695	982	1,588	1,237	599	489
% Overweight	19.1	18.4	21.5	27.5	28.2	28.8	27.7	32.4
# Obese	654	962	1,226	1,580	3,010	2,435	1,287	729
% Obese	24.3	31.9	37.9	44.3	53.4	56.8	59.4	48.3
# Overweight or Obese	1,169	1,517	1,921	2,562	4,598	3,672	1,886	1,218
% Overweight or Obese	43.4	50.3	59.4	71.8	81.6	85.6	87.1	80.7
CHANGE FROM PREV YR %								
w/ BMI calculated	-0.8	+0.9	+0.9	+2.4	+3.2	+3.6	+1.5	+1.7
Overweight	-0.1	-1.6	+0.4	-0.1	-0.6	-0.4	-1.0	+0.5
Obese	-1.6	+2.6	-0.7	-0.2	+1.0	-0.2	+0.9	+0.6
Overweight or Obese	-1.8	+1.0	-0.3	-0.3	+0.4	-0.6	-0.2	+1.2
BASELINE REPORT PERIOD								
Total # User Pop	5,087	6,375	7,076	6,028	9,403	5,645	2,652	1,824
# w/ BMI calculated	2,512	2,709	2,206	1,950	3,388	2,325	1,233	877
% w/BMI calculated	49.4	42.5	31.2	32.3	36.0	41.2	46.5	48.1
# Overweight	510	470	465	548	899	625	341	296
% Overweight	20.3	17.3	21.1	28.1	26.5	26.9	27.7	33.8
# Obese	602	832	784	852	1,830	1,331	736	433
% Obese	24.0	30.7	35.5	43.7	54.0	57.2	59.7	49.4
# Overweight or Obese	1,112	1,302	1,249	1,400	2,729	1,956	1,077	729
% Overweight or Obese	44.3	48.1	56.6	71.8	80.5	84.1	87.3	83.1
CHANGE FROM BASE YR %								
w/ BMI calculated	-2.7	+0.0	+8.0	+21.0	+21.6	+22.8	+18.3	+19.8
Overweight	-1.3	-0.6	+0.8	-0.7	+1.0	+1.6	-1.0	-0.8
Obese	-1.3	+3.8	+1.7	+0.4	+0.4	-0.7	+0.6	-0.4
Overweight or Obese	-2.6	+3.2	+2.5	-0.3	+1.4	+0.8	-0.4	-1.2

Figure 7-38: Sample Report, Age Breakout, Indicator 31

List of Patients w/ denominator identified for whom BMI could NOT be calculated					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
MANUEL, DOUGLAS	136125	FACILITY #1	M	56	1
CLANCEY, BONNIE	221332	FACILITY #2	F	3	1
RITTER, SARAH	200942	FACILITY #2	F	18	1;2
MADDOX, TAMMY	138079	FACILITY #2	F	21	1
STEIN, VELMA	141051	FACILITY #2	F	34	1;2
CARROLL, WENDY	110177	FACILITY #2	F	35	1
WENDT, HORTENCE	110719	FACILITY #2	F	40	1
WALTON, BERTHA	228031	FACILITY #2	F	50	1
MANUEL, RITA	158144	FACILITY #2	F	69	1
WATERMAN, HENRY	223232	FACILITY #2	M	7	1

Figure 7-39: Sample Indicator 29

7.2.18 Indicator A: Diabetes and Mental Health

Indicator Description: Determine the proportion of diabetic patients with a diagnosis of depressive disorders.

Denominator: Same as Denominator #3 from Diabetes indicators 2-6. Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report Period (Diabetes Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-related visits ever.

Numerator: Same as FY02. Patients in the denominator with a diagnosis of depressive disorders, defined as at least two visits with diagnosis 296.0-313.1 in the year prior to the end of the Report period.

Logic Description: Age is calculated at the beginning of the Report period. The numerator is defined as at least two visits with diagnosis (purpose of visit 296.0-313.1 recorded in V POV file) in the year prior to the end of the Report period.

Patient List Description: List of diabetic patients with date and code of recent depressive diagnosis, if any.

Indicator Targets: TBD

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DEMO SITE								
Report Period: Oct 01, 2001 to Sep 30, 2002								
Previous Year Period: Oct 01, 2000 to Sep 30, 2001								
Baseline Period: Oct 01, 1997 to Sep 30, 1998								

Indicator A: Diabetes and Mental Health								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Active Diabetic Pts	1,574		1,404			995		
# w/ 2 depressive disorder dxs in past yr	336	21.3	283	20.2	+1.2	140	14.1	+7.3

Figure 7-40: Sample Report, Indicator A

List of Patients with recent depressive disorder diagnosis, if any					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE

WARNER, MARVIN	881359	COMMUNITY #4	M	74	Jul 26, 2002; 311.
TURNER, PETER	661138	COMMUNITY #4	M	77	
MURRAY, SOPHIA	504227	FACILITY #2	F	44	Aug 29, 2002; 296.7
HOWARD, RAY	996543	FACILITY #2	M	61	
SMYTHE, DANIELLE	299842	SITE, URBAN	F	27	
HOWELL, ELIZABETH	559640	SITE, URBAN	F	69	
SAUNDERS, JERRY	450083	SITE, URBAN	M	61	May 01, 2002; 305.00

Figure 7-41: Sample Patient List, Indicator A

7.2.19 Indicator B: Colorectal Cancer Screening

Developmental Indicator Description: Increase the proportion of eligible AI/AN patients (ages 50 and older) who have had screening for Colorectal Cancer (CRC).

Denominator 1: All GPRA User Population patients ages 51 and older at beginning of the Report period.

Denominator 2: All Active Clinical patients ages 51 and older at beginning of the Report period.

Numerator 1: Patients who have had CRC screening, defined as any of the following: 1) a Fecal Occult Blood test or Rectal Exam in the two (2) years prior to the end of the Report period; 2) flexible sigmoidoscopy or double contrast barium enema in the last 5 years; or 3) colonoscopy in the last 10 years.

Numerator 2 (subset of Numerator 1): Patients who have had either a Fecal Occult Blood test or Rectal Exam in the past two years.

Logic Description: Age is calculated at the beginning of the Report period. The difference between the age range 50 and older in the definition and 51 and older in the logic is because GPRA+ looks back 2 years for a test, i.e., when a patient who

was 51 at the beginning of the Report period would have been 49. GPRA+ identifies the tests and procedures described in the numerators above in the following order:

	CPT Codes	ICD and Other Codes	Taxonomy
Fecal Occult Blood lab test (FOBT)	82274, G0107		BGP GPRA FOB TESTS
CRC Screening		V Procedure: V76.51, Screening for Colorectal Cancer	
Rectal Exam		V Procedure: 89.34, V76.41 Screening for Rectal	
Flexible Sigmoidoscopy	45330-45334, 45337-45339, 45341, 45342, 45345	V Procedure: 45.24	
Double contrast barium enema	VCPT or VRad: 74280, 74275, 74270	V Procedure 87.64	
Rigid proctosigmoidoscopy	45300, 45303, 45305, 45307, 45308, 45309, 45315, 45317, 45320, 45321, 45327		
Colonoscopy	45355, 45378-45380, 45382-45385, 45387	V Procedure: 45.21, 45.22, 45.23, 45.25	

Patient List Definition: List of patients ages 51 and older, with appropriate denominator indicated. Date and code of any test or procedure meeting the numerator definition, if any.

Indicator Targets: TBD

Performance Improvement Tips:

1. Providers should ask about and record off-site historical tests (test type, date received and location) on PCC forms. Data entry mnemonics: **HBE** (barium enema); **HCOL** (colonoscopy); **HFOB** (Fecal Occult Blood); **HSIG** (sigmoidoscopy).

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DEMO SITE								
Report Period: Oct 01, 2001 to Sep 30, 2002								
Previous Year Period: Oct 01, 2000 to Sep 30, 2001								
Baseline Period: Oct 01, 1997 to Sep 30, 1998								

Indicator B: Colorectal Cancer Screening								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Denominator #1: Total User								
Pop age =>51	4,040		3,762			2,932		
# w/screening done	796	19.7	673	17.9	+1.8	421	14.4	+5.3
# w/ FOB, DRE or Rectal Exam								
in past year	555	13.7	493	13.1	+0.6	287	9.8	+3.9
Denominator #1: Total								
Male User Pop								
=> 51 years old	1,511		1,407			1,094		
# w/screening done	192	12.7	159	11.3	+1.4	105	9.6	+3.1
# w/ FOB, DRE or Rectal Exam								
in past year	104	6.9	94	6.7	+0.2	58	5.3	+1.6
Denominator #1: Total FEMALE								
User Pop => 51	2,529		2,355			1,838		
# w/screening	604	23.9	514	21.8	+2.1	316	17.2	+6.7
# w/FOB, DRE or Rectal Exam								
in past year	451	17.8	399	16.9	+0.9	229	12.5	+5.4
Denominator #2: Active Clinical								
Patients >= 51	2,609		2,372			1,804		
# w/screening	764	29.3	642	27.1	+2.2	391	21.7	+7.6
# w/FOB, DRE or rectal exam								
in past year	540	20.7	478	20.2	+0.5	275	15.2	+5.5
Denominator #2: Male Active Clinical								
Patients => 51	862		767			566		
# w/screening	182	21.1	151	19.7	+1.4	93	16.4	+4.7
# w/FOB, DRE or rectal exam								
in past year	101	11.7	92	12.0	-0.3	55	9.7	+2.0
Denominator #2: Female Active Clinical								
Patients >= 51	1,747		1,605			1,238		
# w/screening	582	33.3	491	30.6	+2.7	298	24.1	+9.2
# w/FOB, DRE or rectal exam								
in past year	439	25.1	386	24.0	+1.1	220	17.8	+7.4

Figure 7-42: Sample Report, Indicator B

List all patients >50 and test/date, if any					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
RAMEY, JOSIE	880761	FACILITY #1	F	63	1,2;
MANUEL, DOUGLAS	936125	FACILITY #1	M	56	1;
WORRELL, TRACIE	128793	FACILITY #2	F	52	1; 11/29/01 DRE 89.34
HURST, MAGGIE	206386	FACILITY #2	F	54	1;
MANUEL, RITA	158141	FACILITY #2	F	69	1,2;
ELLIS, CELESTE	440162	FACILITY #2	F	73	1,2;
LUNDY, MAUDE	551373	FACILITY #2	F	76	1;
HOWARD, RAY	196544	FACILITY #2	M	61	1,2; 03/26/01 RECTAL EXAM
MARTIN, MARVIN	615755	FACILITY #2	M	62	1; 06/10/02 FOB V LAB
KETCHUP, ABRAHAM	203446	FACILITY #2	M	81	1,2;
MORENI, DALLAS	706827	FACILITY #3	M	80	1;
PITTS, LUCAS	856848	FACILITY #3	M	84	1,2;
MCCLENNY, PAUL	903349	COMMUNITY #4	M	69	1;
WERNER, MARVIN	181350	COMMUNITY #4	M	74	1,2;
TARNER, PETER	161138	COMMUNITY #4	M	77	1; 07/18/02 DRE 89.34
WRIGHT, CHRIS	159040	COMMUNITY #4	M	85	1,2; 10/06/91 COLO 45.21
SANTOS, DANIELLE	114145	SITE, URBAN	F	52	1,2;
RANDELL, DALE	211240	SITE, URBAN	F	53	1;
CEPEDA, ROBERTA	197344	SITE, URBAN	F	58	1;
MCPHERSON, ELLEN	154461	SITE, URBAN	F	61	1,2; 01/26/01 FOB V LAB

Figure 7-43: Sample Patient List, Indicator B

7.2.20 Indicator C-1: Patient Education: Exercise and Diet

Indicator Definition: Increase the proportion of persons who are provided patient education on exercise and diet.

Denominator 1: All GPRA User Population patients ages 6 and older, broken down by gender.

Denominator 2: All Active Clinical patients ages 6 and older, broken down by gender and into the following age groups: 6-11, 12-19, 20-39, 40-59, 60 and older.

Denominator 3: Based on Denominator #3 from Diabetes indicators 2-6. Active Diabetic patients ages 6 and older, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report Period (Diabetes Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-related visits ever. Broken down by gender.

Numerator 1: All patients provided exercise education in the year prior to the end of the Report period.

Numerator 2: All patients provided diet and nutrition education in the year prior to the end of the Report period.

Additional Report Features: For Denominator 2, the pages following the indicator summary break the data down further for the following age groups: 6-11, 12-19, 20-39, 40-59, 60 and older.

Logic Description: Age is calculated at the beginning of the Report period.

GPRA+ uses the following IHS national patient education codes to define the numerators. If your facility has established its own code set, your codes will **not** be counted.

Exercise	ending “-EX” (Exercise) ending “-LA” (Lifestyle Adaptation) containing “OBS-” (Obesity)
Diet	ending “-N” (Nutrition) ending “-LA” (Lifestyle Adaptation) containing “OBS-” (Obesity) ending “-DT” (Diet) (Note: “Diet” is a discontinued PFE code and is used only to identify patients for Baseline or Previous year time periods.)

Patient List Description: A list of patients who received any patient education meeting the numerator definition, with the appropriate denominator identified. Displays the date the patient received the appropriate education and the PFE codes.

Indicator Targets:

HP 1997 data	42%
HP 2010 target to increase diet and nutrition counseling to patients with diabetes	75%

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*** IHS FY03 Local Clinical Performance Indicator Report ***								
DEMO SITE								
Report Period: Jan 01, 2002 to Dec 31, 2002								
Previous Year Period: Jan 01, 2001 to Dec 31, 2001								
Baseline Period: Jan 01, 1999 to Dec 31, 1999								

Indicator C-1: Patient Education: Diet and Exercise								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Denominator #1 (GPRA Indicator):								
User Pop	48,209		46,704			42,320		
Total # w/ Exercise Educ	3,669	7.6	3,038	6.5	+1.1	762	1.8	+5.8
Total # w/ Diet Educ	4,145	8.6	2,991	6.4	+2.2	689	1.6	+7.0
# Male User Pop	21,454		20,830			18,743		
# w/ exercise education	1,373	6.4	1,018	4.9	+1.5	222	1.2	+5.2
# w/ Diet educ	1,491	6.9	965	4.6	+2.3	76	0.4	+6.5
# Female User Pop	26,755		25,874			23,577		
# w/ Exercise education	2,296	8.6	2,020	7.8	+0.8	540	2.3	+6.3
# w/Diet Educ	2,654	9.9	2,026	7.8	+2.1	613	2.6	+7.3
Denominator #2: Active								
Clinical Pop	23,100		22,349			19,995		
# w/Exercise education	3,441	14.9	2,884	12.9	+2.0	727	3.6	+11.3
# w/Diet educ	3,893	16.9	2,853	12.8	+4.1	619	3.1	+13.8
Total Male Active Clinical Users	7,823		7,476			6,644		
# w/Exercise education	1,237	15.8	958	12.8	+3.0	210	3.2	+12.7
# w/Diet educ	1,363	17.4	915	12.2	+5.2	73	1.1	+16.3
Total Female Active Clinical Users	15,277		14,873			13,351		
# w/Exercise education	2,204	14.4	1,926	12.9	+1.5	517	3.9	+10.6
# w/Diet educ	2,530	16.6	1,938	13.0	+3.5	546	4.1	+12.5

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DEMO SITE								
Report Period: Jan 01, 2002 to Dec 31, 2002								
Previous Year Period: Jan 01, 2001 to Dec 31, 2001								
Baseline Period: Jan 01, 1999 to Dec 31, 1999								

Indicator C-1: Patient Education: Diet and Exercise (Con't)								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Denominator #3: Active								
Diabetic Patients	2,451		2,237			1,875		
# w/ Exercise								
education	1,794	73.2	1,544	69.0	+4.2	313	16.7	+56.5
# w/Diet Educ	1,862	76.0	1,501	67.1	+8.9	54	2.9	+73.1
Total # Male Active								
Diabetics	904		820			672		
# w/Exercise								
education	642	71.0	551	67.2	+3.8	104	15.5	+55.5
# w/Diet educ	655	72.5	538	65.6	+6.8	21	3.1	+69.3
Total Female Active								
Diabetics	1,547		1,417			1,203		
# w/Exercise								
education	1,152	74.5	993	70.1	+4.4	209	17.4	+57.1
# w/Diet Educ	1,207	78.0	963	68.0	+10.1	33	2.7	+75.3

Figure 7-44: Sample Report, Indicator C-1.

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DEMO SITE						
Report Period: Jan 01, 2002 to Dec 31, 2002						
Previous Year Period: Jan 01, 2001 to Dec 31, 2001						
Baseline Period: Jan 01, 1999 to Dec 31, 1999						

Indicator C-1: Patient Education: Diet and Exercise (Con't)						
TOTAL ACTIVE CLINICAL POPULATION						
Age Distribution						
EXERCISE EDUCATION	6-11	12-19	20-39	40-59	=>60	
CURRENT REPORT PERIOD						
Total # Active Clinical						
Pop =>6	4,326	4,303	8,629	4,478	1,364	
# w/ exercise ed	64	156	1,064	1,591	566	
% w/ exercise ed	1.5	3.6	12.3	35.5	41.5	
# Male w/ exercise ed	33	70	415	542	177	
% Male w/ exercise ed	1.5	4.1	21.3	34.7	39.2	
# Female w/ exercise ed	31	86	649	1,049	389	
% Female w/ exercise ed	1.4	3.3	9.7	36.0	42.6	
PREVIOUS YEAR PERIOD						
Total # Active Clinical						
Pop =>6	4,425	4,120	8,449	4,107	1,248	
# w/ exercise ed	29	118	960	1,320	457	
% w/ exercise ed	0.7	2.9	11.4	32.1	36.6	
# Male w/ exercise ed	20	46	310	441	141	
% Male w/ exercise ed	0.9	2.8	16.6	31.7	34.6	
# Female w/ exercise ed	9	72	650	879	316	
% Female w/ exercise ed	0.4	2.9	9.9	32.4	37.6	
CHANGE FROM PREV YR %						
Total w/exercise ed	+0.8	+0.8	+1.0	+3.4	+4.9	
Male w/ exercise ed	+0.6	+1.2	+4.7	+3.0	+4.7	
Female w/exercise ed	+1.0	+0.4	-0.2	+3.6	+5.0	
BASELINE REPORT PERIOD						
Total # Active Clinical						
Pop =>6	4,403	3,560	7,584	3,427	1,021	
# w/ exercise ed	15	51	319	284	58	
% w/ exercise ed	0.3	1.4	4.2	8.3	5.7	
# Male w/ exercise ed	12	10	78	92	18	
% Male w/ exercise ed	0.6	0.7	4.8	8.1	5.4	
# Female w/ exercise ed	3	41	241	192	40	
% Female w/ exercise ed	0.1	1.9	4.0	8.4	5.8	
CHANGE FROM BASE YR %						
Total w/exercise ed	+1.1	+2.2	+8.1	+27.2	+35.8	
Male w/ exercise ed	+1.0	+3.3	+16.5	+26.6	+33.8	
Female w/exercise ed	+1.3	+1.5	+5.7	+27.6	+36.8	

Figure 7-45: Sample Age Breakout Report, Indicator C-1.

List all patients w/ exercise and diet education									
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE				

PARRISH, MARILYN	225331	COMMUNITY #1	F	21	1,2; 11/14/00	WL-EX	11/14/00	WL-N	
CARROLL, SYDNEY	105841	COMMUNITY #1	F	22	1,2; 11/06/00	DM-EX	11/06/00	HTN-N	
SANTOS, LINDSAY	202742	COMMUNITY #1	F	42	1,2; 02/09/01	HTN-EX	02/09/01	HTN-N	
WORRELL, TRACY	128793	COMMUNITY #1	F	51	1,2; 10/02/00	WL-N			
HURST, MAGGIE	106386	COMMUNITY #1	F	53	1,2; 11/08/00	PL-EX	11/08/00	LIP-N	
HAYWARD, ARTHUR	151478	COMMUNITY #1	M	14	1,2; 10/20/00	OBS-EX	10/20/00	OBS-N	
HOWARD, RAY	196543	COMMUNITY #1	M	60	1,2,3; 10/16/00	DM-EX	10/16/00	DM-N	
MOCKBE, MARVIN	115750	COMMUNITY #1	M	61	1,2; 12/20/00	WL-EX	12/20/00	WL-N	
BELL, PATRICIA	128989	FACILITY #2	F	45	1; 10/23/00	WL-EX	10/23/00	WL-N	
POOLEY, BILL	185241	FACILITY #3	M	22	1,2; 05/25/01	WL-N			
WARNER, MARVIN	181359	FACILITY #3	M	73	1,2,3; 10/16/00	WL-N			
TURNER, PETER	161138	FACILITY #3	M	76	1,2,3; 10/04/00	DM-EX	10/04/00	DM-N	
SMYTHE, DANIELLE	199842	SITE, URBAN	F	26	1,2,3; 10/17/00	DM-EX	10/17/00	DM-N	

Figure 7-46: Sample Patient List, Indicator C-1

7.2.21 Indicator C-2: Patient Education: Medications

Indicator Definition: Increase the proportion of patients taking medications who are receiving patient education about their medications.

Denominator 1: All GPRA User Population patients with Medications dispensed at their facility during the year prior to the end of the Report period.

Denominator 2: All Active Clinical patients with Medications dispensed at their facility during the year prior to the end of the Report period.

Numerator: All patients in the denominator who were provided patient education about medications in any location.

Logic Description: Patients receiving medications are identified by any entry in the VMed file for your facility. GPRA+ uses the following patient education codes to define the numerators:

Medication Education	M-I (medication information) M-DI (Drug interaction) M-FU (Medication follow up) M-L (Medication patient information literature) any PFE code containing "-M"
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Patient List Description: A list of patients identified as receiving medications dispensed at their facilities, with the appropriate denominator identified. Displays the date the patient received any medication education and the codes.

Indicator Targets:

HP 2010 target for patients receiving verbal counseling on appropriate use and potential risks of medications (17-5)

95%

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DEMO SITE								
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Previous Year Period: Jan 01, 2001 to Dec 31, 2001								
Baseline Period: Jan 01, 1999 to Dec 31, 1999								

Indicator C-2: Patient Education: Medications								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Denominator #1: User Pop								
Patients receiving medications	26,232		25,299			24,393		
# patients receiving medication educ	12,343	47.1	5,294	20.9	+26.1	39	0.2	+46.9
Denominator #2: Active Clinical								
Patients receiving medications	18,156		17,309			16,310		
# patients receiving medication educ	10,663	58.7	4,837	27.9	+30.8	38	0.2	+58.5

Figure 7-47: Sample Report, Indicator C-2.

List all patients receiving medications w/ med education, if any					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE

HOWARD, RAY	196543	COMMUNITY #1	M	60	1,2; 10/16/00 M-I
MOCKBE, MARVIN	315750	COMMUNITY #1	M	61	1,2; 12/20/00 M-FU
KETCHUP, ABRAHAM	203442	COMMUNITY #1	M	80	1,2; 10/03/00 M-I
JAMES, MARYANNE	465716	COMMUNITY #2	F	50	1; 08/30/01 M-I
HART, PAMELA	158744	FACILITY #3	F	21	1;
MADDOX, CHRISTINA	550681	FACILITY #3	F	30	1; 11/13/00 M-I
COOLIDGE, ROSS	182855	FACILITY #3	M	8	1,2; 06/26/01 M-I
POOLEY, BART	685241	FACILITY #3	M	22	1,2;
MCCLENNY, PAUL	203342	FACILITY #3	M	68	1; 12/05/00 CAD-M
TURNER, PETER	761138	FACILITY #3	M	76	1,2; 10/04/00 M-I
CURTIS, SHERRY	152570	SITE, RURAL	F	46	1,2;
BROWN, EVE	894922	SITE, URBAN	F	13	1; 05/13/01 M-I
PAYTON, CELESTE	110288	SITE, URBAN	F	18	1,2; 10/05/00 M-I

Figure 7-48: Sample Patient List, Indicator C-2.

7.2.22 Indicator D: Cholesterol Screening

Indicator Definition: Increase the proportion of adults 18 through 65 who have had their blood cholesterol checked within the preceding 5 years. [Based on HP 2010 indicator 12.15.]

Denominator 1: All GPRA User Population patients ages 23 through 65, broken down by gender.

Denominator 2: All Active Clinical patients ages 23 through 65, broken down by gender.

Numerator: Any patient in the denominator with evidence of having any cholesterol screening at some time in the five years prior to the end of the Report period.

Logic Description: Age of the patient is calculated at the beginning of the Report period. The difference between the age range 18-65 in the definition and 23-65 in the logic is because GPRA+ looks back 5 years for a test, i.e., when a patient who was 23 at the beginning of the Report period would have been 18.

GPRA+ counts all Y instances reported, regardless of the results of the measurement. For this indicator, GPRA+ considers *any* of the tests below as meeting the numerator. The number in parentheses, e.g., (1), identifies the order in which the software looks for a test to meet the numerator.

Test	CPT Codes	ICD and Other Codes	LOINC Codes (TBD)	Taxonomy
Lipid Profile (Panel)	80061 (4)	V77.91 (screening for lipid disorders) (7)		DM AUDIT LIPID PROFILE TAX (1)
Total Cholesterol	82465 (5)			DM AUDIT CHOLESTEROL TAX (2)
LDL	80061; 83721 (6)			DM AUDIT LDL CHOLESTEROL TAX (3)

Patient List Description: A list of patients ages 23 through 65 at the beginning of the Report period, with the appropriate denominator identified. Displays the date of the test that meets the numerator definition, if any, and the test code.

Indicator Targets:

HP 1998 baseline	67%
HP 2010 target for adults who have had blood cholesterol checked (12-15)	80%

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Report Period: Jan 01, 2002 to Dec 31, 2002								
Previous Year Period: Jan 01, 2001 to Dec 31, 2001								
Baseline Period: Jan 01, 1999 to Dec 31, 1999								

Indicator D: Cholesterol Screening								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Denominator #1: User Pop								
patients ages								
23-65 yrs	26,631		25,635			23,157		
# w/ Cholesterol								
screening	7,599	28.5	7,417	28.9	-0.4	7,237	31.3	-2.7
Total # of Male User								
Pop ages 23-65								
	11,652		11,268			10,062		
# w/ Cholesterol								
screening	2,882	24.7	2,734	24.3	+0.5	2,706	26.9	-2.2
Total # Female User								
Pop 23-65 yrs								
	14,979		14,367			13,095		
# w/ Cholesterol								
screening	4,717	31.5	4,683	32.6	-1.1	4,531	34.6	-3.1
Denominator #2: Active								
Clinical Patients								
ages 23-65								
	12,140		11,572			10,081		
# w/ Cholesterol								
screening	6,513	53.6	6,168	53.3	+0.3	5,709	56.6	-3.0
# Male Active Clinical								
pop ages 23-65	3,473		3,209			2,711		
# w/ Cholesterol								
screening	2,291	66.0	2,059	64.2	+1.8	1,849	68.2	-2.2
# Female Active Clinical								
pop ages 23-65	8,667		8,363			7,370		
# w/ Cholesterol								
screening	4,222	48.7	4,109	49.1	-0.4	3,860	52.4	-3.7

Figure 7-49: Sample Report, Indicator D.

List of Patients w/ denominator identified w/ test, if any						
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE	
EAGLESTAFF, AUBREY JANE	536841	COMMUNITY #1	F	23	1,2;	
MORENI, DEBORAH J.	536982	COMMUNITY #1	F	28	1,2; 04/01/02	V77.91
REDBIRD, SHIRLEY ROSE	107293	COMMUNITY #1	F	34	1; 10/11/01	LP
LONG, SARA H	435754	COMMUNITY #1	F	37	1,2;	
MEDICINEHORSE, ZELDA	539925	COMMUNITY #1	F	41	1; 08/12/02	CHOL
COYOTE, CRYSTAL	665856	COMMUNITY #1	F	45	1;	
LITTLEDEER, ANGELENA MA	723917	COMMUNITY #1	F	49	1; 01/15/02	80061
NIESEN, MERCI L	124978	COMMUNITY #1	F	62	1,2;	
FARAWAY, DARLENA MARIA	174309	COMMUNITY #1	F	65	1; 09/18/01	LDL

Figure 7-50: Sample Patient List, Indicator D

7.2.23 Indicator E-1: HIV Quality of Care

NOTE: This indicator will be included in version 2.1 of the GPRA+ FY03 software, available summer 2003

Indicator Definition: Increase the proportion of HIV-infected adolescents and adults who received testing consistent with current Public Health Service treatment guidelines. [Based on HP 2010 developmental indicator 13-13a Viral Load Testing.]

This indicator is currently being considered as a GPRA Indicator for FY 2005.

Denominator 1: All patients ages 13 and older with 2 visits within the service area (i.e., not Contract paid for) in the year prior to the end of the Report period with HIV POV diagnosis, including 1 HIV POV in last 6 months.

Numerator 1: Received CD4 test only (without PCR viral load) in the year prior to the end of the Report period.

Numerator 2: Received PCR viral load only (without CD4) in the year prior to the end of the Report period.

Numerator 3: Received both CD4 and PCR viral load tests in the year prior to the end of the Report period.

Logic Description: Age of the patient is calculated at the beginning of the Report period. GPRA+ uses the following codes and taxonomies to define the denominator and numerators.

	CPT Codes	ICD and Other Codes	LOINC Codes (TBD)	Taxonomy
HIV		042.0-044.9 V08 795.71		
CD4	86361			BGP CD4 TAX
PCR Viral Load	87536, 87539			BGP PCR TAX

Patient List Description: For confidentiality reasons, no patient lists can be produced for this indicator.

Indicator Targets: TBD

HP2010 target for viral load testing	developmental
HP2010 baseline for CD4 testing	Nearly 100%

7.2.24 Indicator E-2: Prenatal HIV Testing and Education

NOTE: This indicator will be included in version 2.1 of the GPRA+ FY03 software, available summer 2003

Indicator Definition: Increase the proportion of pregnant women screened for HIV during prenatal health care visits. [Based on HP 2010 developmental indicator 25-17, screening for sexually transmitted diseases including HIV infection.]

This indicator is being considered as a GPRA indicator for FY 2005.

Denominator 1: All pregnant female patients ages 18-40, defined as at least two pregnancy-related visits during the year prior to the end of the Report period, one of which must be the first prenatal visit, and with no recorded HIV diagnosis in POV or problem list.

Numerator 1: Patients who received HIV test during the year prior to the end of the Report period, including refusals.

Numerator 1A: Number of documented refusals.

Numerator 2: Patients who were provided with patient education about HIV and testing.

Logic Description: Age of the patient is calculated at the beginning of the Report period. GPRA+ uses the following codes and taxonomies to define the denominator and numerators.

	CPT Codes	ICD and Other Codes	LOINC Codes (TBD)	Taxonomy
Pregnancy		POV V22.0-V23.9 640-648 651-676		
First prenatal visit		POV V22.0		
HIV diagnosis		POV or problem list: 042.0-044.9 V08 795.71		
HIV test	antibody: 86689, 86701-86703, confirmatory test 86689 antigen 87390, 87391			BGP HIV TEST TAX
HIV Education		Patient education codes: containing "HIV-" containing HIV diagnosis 042.0-044.9, V08, or 795.71		

Patient List Description: A list of pregnant women ages 18 through 40 with no recorded HIV diagnosis who have NOT received an HIV test. .

Indicator Targets:

HP2010 target for indicator 25-17 has not been developed	Developmental indicator
IHS target	TBD

List of Pregnant Patients without test					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
EAGLESTAFF, AUBREY JANE	43684	COMMUNITY #1	F	18	
MORENI, DEBORA	43698	COMMUNITY #1	F	22	
REDBIRD, SHIRLEY ROSE	10729	COMMUNITY #1	F	36	
LONGJAW, SARA LOUISE	43575	COMMUNITY #1	F	40	
SMITH, SANDY	43992	COMMUNITY #2	F	27	
MEDICINEHORSE, CRYSTAL	46585	COMMUNITY #2	F	31	
LITTLEWOLF, ANGELENA MA	42391	COMMUNITY #3	F	21	
NIESEN, NORMA L	42497	COMMUNITY #3	F	37	
TAYLOR, CHARLIE	17430	COMMUNITY #4	F	26	

Figure 7-51: Sample Patient List, Indicator E-2

7.2.25 Indicator F: Domestic Violence Screening

NOTE: This indicator will be included in version 2.1 of the GPRA+ FY03 software, available summer 2003

Indicator Definition: Increase the proportion of female patients who receive screening annually for domestic violence.

Proposed GPRA Indicator FY 2004: 15% of eligible women patients between the ages of 18 and 40 are screened for domestic violence at direct care facilities.

Denominator 1: Female GPRA User Population patients ages 25 to 40 at beginning of Report period.

Denominator 2: Female Active Clinical patients ages 25 to 40 at beginning of Report period.

Numerator 1: Patients screened for domestic violence at any time in the year prior to the end of the Report period. Screening is broadly defined as either a domestic violence Health Factor or patient education code recorded.

Numerator 1A: Patients with recorded domestic violence Health Factors.

Numerator 1B: Patients who were provided with patient education about domestic violence.

Logic Description: Age of the patient is calculated at the beginning of the Report period. GPRA+ uses the following codes to define numerators.

Domestic Violence Health Factors	DV + Current DV + Past DV – Current DV – Past DV ? (patient denies but provider suspects) DV U (unable to screen)
DV Patient Education Codes	Containing “DV-”

Patient List Description: A list of women ages 25 through 40 with appropriate denominator indicated who have NOT been screened using DV Health Factors.

Indicator Targets: No HP2010 indicator for Domestic Violence screening.

IHS target FY 2004	15%
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List of Female Patients without DV Health Factor

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
EAGLEROCK, AUBREY JANE	59012	COMMUNITY #1	F	25	1,2;
MORENI, ROBIN	43698	COMMUNITY #1	F	27	1; 04/01/02 DV + Cur
REDHOUSE, SHIRLEY ELIZA	10729	COMMUNITY #2	F	28	1,2; 10/11/01 DV ?
LONGJAW, MARCH	33575	COMMUNITY #2	F	29	1;
LASSITER, ELOISE	17845	FACILITY #1	F	31	1,2;
TAYLOR, ELLIZABETH	26585	COMMUNITY #3	F	35	1,2;
JOLIE, ANGELINA MARIE	11234	COMMUNITY #4	F	36	1; 01/15/02 DV -
TAYLOR, MERCI L	95678	SITE, URBAN #4	F	37	1;
FARAWAY, DARLENA MARIA	17430	COMMUNITY #4	F	40	1,2; 09/18/01 DV U

Figure 7-52: Sample Patient List, Indicator F

7.2.26 Indicator G: Alcohol Screening (FAS Prevention)

NOTE: This indicator will be included in version 2.1 of the GPRA+ FY03 software, available summer 2003

Indicator Definition: Increase alcohol screening in women of child-bearing age (as a surrogate for IHS GPRA indicator # 11 FAS Prevention "...prenatal clinics utilizing a recognized screening and case management protocol(s) for pregnant substance abusing women...").

Proposed GPRA Indicator FY 2005: Establish a baseline rate for alcohol use in a defined group of female patients of childbearing age (ages 18-40 TBD).

Denominator 1: Female GPRA User Population patients ages 18 to 40 at beginning of Report period.

Denominator 2: Female Active Clinical patients ages 18 to 40 at beginning of Report period.

Numerator: Patients who have received alcohol screen in the year prior to the end of the Report period, defined as Alcohol Health Factors.

Documenting Alcohol Health Factors: New Alcohol Health Factors are currently under development. Currently Health Factors are based on CAGE.

Use the CAGE questionnaire, which asks the following 4 questions:

1. Have you ever felt the need to **Cut down** on your drinking (or drug use)?
2. Have people **Annoyed** you by criticizing your drinking (drug use)?
3. Have you ever felt bad or **Guilty** about your drinking (drug use)?
4. Have you ever needed an **Eye opener** the first thing in the morning to steady your nerves or get rid of a hangover?

Based on how many YES answers were received, document Health Factor on PCC:

- HF – CAGE 0/4 (all No answers)
- HF – CAGE 1/4 (1 Yes answer)
- HF – CAGE 2/4
- HF – CAGE 3/4
- HF – CAGE 4/4 (all Yes answers)

Optional values that can be documented on the PCC:

- Level/Severity: Mild, Moderate, or Severe
- Quantity: # of drinks daily

Logic Description: Age of the patient is calculated at the beginning of the Report period. GPRA+ uses the following codes to define numerators.

Alcohol Health Factors	CAGE 0/4 CAGE 1/4 CAGE 2/4 CAGE 3/4 CAGE 4/4
------------------------	----------------------------------------------------------

Patient List Description: A list of women ages 18 through 40 with appropriate denominator indicated who have no alcohol Health Factor recorded.

Indicator Targets: TBD. No HP2010 indicator for Alcohol screening.

List of Female Patients without Alcohol Screen Health Factor						
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE	
EAGLESTAFF, AUBREY JANE	3684	COMMUNITY #1	F	25	1, 2;	
MORENI, DEBORAH J.	3698	COMMUNITY #1	F	27	1;	
REDBIRD, SHIRLEY ROSE	1234	COMMUNITY #1	F	28	1, 2;	
LONGJAW, SARA H	3575	COMMUNITY #1	F	29	1;	
MEDICINEHORSE, ELOISE	3992	COMMUNITY #2	F	31	1, 2;	
MEDICINEHORSE, CRYSTAL	6585	COMMUNITY #2	F	35	1, 2;	
LITTLEWOLF, ANGELENA MA	5678	COMMUNITY #3	F	36	1;	
NIESEN, MERCI L	2497	COMMUNITY #4	F	37	1;	
FARAWAY, DARLENA MARIA	17430	COMMUNITY #4	F	40	1, 2;	

Figure 7-53: Sample Patient List, Indicator G

7.2.27 Indicator H: Tobacco Use/ Exposure to Second Hand Smoke

GPRA FY03 Indicator. Tobacco Control: By the end of 2003, the IHS and its stakeholders will develop a five-year plan for tobacco control in AI/AN communities.

GPRA+ Indicator Definition: Increase annual screening for tobacco use, as a surrogate marker for reducing Area age-specific prevalence rates for smoking and for environmental exposure to tobacco in the home.

Tobacco Use and Exposure to Environmental Tobacco Smoke is listed in GPRA+ as a developmental indicator because the formal GPRA indicator is not currently reporting on tobacco use rates. It is anticipated that in future years the GPRA indicator will include measures of tobacco cessation counseling as well as tracking patients who have quit using tobacco.

Denominator 1: All GPRA User Population patients ages 5 and older.

Denominator 2: All Active Clinical patients ages 5 and older.

Denominator 3: Pregnant women ages 18-49 at beginning of Report period, defined as at least two visits with pregnancy POV or Problem diagnosis during the year prior to the end of the Report period,.

Numerator 1: Patients who have been screened for tobacco use with any Tobacco Health Factor in the year prior to the end of the Report period.

Numerator 2: Patients identified as current tobacco users with either Health Factors or diagnosis, both smokers and smokeless users.

Numerator 3 (subset of Numerator 2): Patients identified as current smokers with either Health Factors or diagnosis in the past year.

Numerator 4 (subset of Numerator 2): Patients identified as current smokeless tobacco users with either Health Factors or diagnosis in the past year.

Numerator 5: Patients identified as tobacco users (Numerator 2) who have received tobacco cessation counseling in the past year, using clinic and patient education codes.

Numerator 6: Patients identified as exposed to environmental tobacco smoke (ETS) (second hand smoke) with either Health Factors or diagnosis in the past year.

Additional Report Features: Report breaks each denominator down by gender. Each denominator is additionally reported by gender and age breakdowns: ages 5-13; 14-17; 18-24; 25-44; 45-64; and 65 and older, based on HP 2010 age groups.

Logic Description: Age is calculated at the beginning of the Report period. GPRA+ uses the following codes to identify members of Denominator 3.

	CPT Codes	ICD and Other Codes
Pregnancy		V22.0-V23.9, 640.*-648.*, 651.*-676.*

For numerator definitions, all existing national Tobacco Health Factors are listed below with the numerator they apply to.

Health Factor	
CESSATION-SMOKELESS	Numerator 1
CESSATION-SMOKER	Numerator 1
CURRENT SMOKELESS	Numerators 1, 2, 4
CURRENT SMOKER	Numerators 1, 2, 3
NON-TOBACCO USER	Numerator 1
PREVIOUS SMOKELESS	Numerator 1
PREVIOUS SMOKER	Numerator 1
SMOKE FREE HOME	Numerator 1
SMOKER IN HOME	Numerator 1, 6
CURRENT SMOKER & SMOKELESS	Numerators 1, 2, 3, 4
EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE	Numerator 1, 6

GPRA+ also uses the following definitions for identifying the numerators:

Current Smokers (Numerators 2, 3)	Diagnosis 305.1* or V15.82
Tobacco Cessation Counseling (Numerator 5)	Clinic code 94 Patient Education codes: TO-QU (tobacco quit), TO-LA (tobacco lifestyle adaptation) Dental code 1320 – tobacco counseling

Patient List Definition: List of patients with any Tobacco Health Factor or tobacco-related diagnosis in past year.

Indicator Targets: TBD

IHS 2003 target for screening	TBD
IHS 2010 target for annual tobacco screening	100%

LAM	Mar 06, 2003						Page 45	
*** IHS FY03 Local Clinical Performance Indicator Report ***								
DEMO SITE								
Report Period: Oct 01, 2001 to Sep 30, 2002								
Previous Year Period: Oct 01, 2000 to Sep 30, 2001								
Baseline Period: Oct 01, 1997 to Sep 30, 1998								

Indicator H: Tobacco Screening, Use and ETS								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Denominator #1: GPRA User								
Pop ages =>5	49,137		47,524			40,544		
# w/Tobacco								
Screening	771	1.6	918	1.9	-0.4	75	0.2	+1.4
# tobacco users	761	1.5	909	1.9	-0.4	358	0.9	+0.7
# Smokers	757	1.5	730	1.5	+0.0	355	0.9	+0.7
# Smokeless Tobacco								
Users	4	0.0	179	0.4	-0.4	3	0.0	+0.0
# Tobacco users receiving								
cessation educ	144	0.3	75	0.2	+0.1	0	0.0	+0.3
# exposed to ETS/								
smoker in home	0	0.0	1	0.0	-0.0	0	0.0	+0.0
# MALE User Pop								
patients => 5	21,960		21,269			18,085		
# w/Tobacco								
Screening	330	1.5	360	1.7	-0.2	34	0.2	+1.3
# tobacco users	340	1.5	373	1.8	-0.2	161	0.9	+0.7
# Smokers	337	1.5	314	1.5	+0.1	160	0.9	+0.6
# Smokeless Tobacco								
Users	3	0.0	59	0.3	-0.3	1	0.0	+0.0
# Tobacco users receiving								
cessation educ	54	0.2	19	0.1	+0.2	0	0.0	+0.2
# exposed to ETS/								
smoker in home	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# FEMALE User Pop								
patients => 5	27,177		26,255			22,459		
# w/Tobacco								
Screening	441	1.6	558	2.1	-0.5	41	0.2	+1.4
# tobacco users	421	1.5	536	2.0	-0.5	197	0.9	+0.7
# Smokers	420	1.5	416	1.6	-0.0	195	0.9	+0.7
# Smokeless Tobacco								
Users	1	0.0	120	0.5	-0.5	2	0.0	-0.0
# Tobacco users receiving								
cessation educ	90	0.3	56	0.2	+0.1	0	0.0	+0.3
# exposed to ETS/								
smoker in home	0	0.0	1	0.0	-0.0	0	0.0	+0.0

Figure 7-54: Sample Report, Indicator H

LAM	Apr 24, 2003						Page 61	
*** IHS FY03 Local Clinical Performance Indicator Report ***								
DEMO SITE								
Report Period: Jan 01, 2002 to Dec 31, 2002								
Previous Year Period: Jan 01, 2001 to Dec 31, 2001								
Baseline Period: Jan 01, 1999 to Dec 31, 1999								

Indicator H (con't): Tobacco Screening, Use and ETS								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
# Active Clinical Patients								
ages => 5	24,042		23,235			20,902		
# w/Tobacco								
Screening	679	2.8	969	4.2	-1.3	52	0.2	+2.6
# tobacco users	688	2.9	787	3.4	-0.5	355	1.7	+1.2
# Smokers	685	2.8	640	2.8	+0.1	355	1.7	+1.2
# Smokeless Tobacco								
Users	3	0.0	147	0.6	-0.6	0	0.0	+0.0
# Tobacco users receiving								
cessation educ	136	0.6	86	0.4	+0.2	15	0.1	+0.5
# exposed to ETS/								
smoker in home	1	0.0	1	0.0	-0.0	0	0.0	+0.0
# MALE Active Clinical								
ages => 5	8,311		7,929			7,084		
# w/Tobacco								
Screening	296	3.6	373	4.7	-1.1	21	0.3	+3.3
# tobacco users	291	3.5	305	3.8	-0.3	152	2.1	+1.4
# Smokers	289	3.5	258	3.3	+0.2	152	2.1	+1.3
# Smokeless Tobacco								
Users	2	0.0	47	0.6	-0.6	0	0.0	+0.0
# Tobacco users receiving								
cessation educ	41	0.5	25	0.3	+0.2	4	0.1	+0.4
# exposed to ETS/								
smoker in home	1	0.0	0	0.0	+0.0	0	0.0	+0.0
# FEMALE Active Clinical								
ages => 5	15,731		15,306			13,818		
# w/Tobacco								
Screening	383	2.4	596	3.9	-1.5	31	0.2	+2.2
# tobacco users	397	2.5	482	3.1	-0.6	203	1.5	+1.1
# Smokers	396	2.5	382	2.5	+0.0	203	1.5	+1.0
# Smokeless Tobacco								
Users	1	0.0	100	0.7	-0.6	0	0.0	+0.0
# Tobacco users receiving								
cessation educ	95	0.6	61	0.4	+0.2	11	0.1	+0.5
# exposed to ETS/								
smoker in home	0	0.0	1	0.0	-0.0	0	0.0	+0.0

Figure 7-55: Sample Age Breakdown Report, Indicator H

List of patients w/ denominator identified, with tobacco Health Factors or tobacco-related diagnosis in past year and date					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE

RAMEY, JOSIE	180761	FACILITY #1	F	63	1; 03/01/02 NTU
RITTER, SARAH	200942	FACILITY #2	F	18	1,2,3; 11/17/01 NTU
PARRISH, MARILYN	225331	FACILITY #2	F	22	1,2; 04/24/02 Cur Smk
CARROLL, SYDNEY	105841	FACILITY #2	F	23	1; 09/01/02 NTU
CLINTON, GLADYS	140260	FACILITY #2	F	25	1,2; 07/28/02 NTU
CARPENTER, MARILYN	134266	FACILITY #2	F	26	1,2,3; 10/11/01 V15.82
WALTON, PRISCILLA	160439	FACILITY #2	F	26	1,2; 12/13/01 Cur Smk
KENT, RUTH	219034	FACILITY #2	F	37	1; 06/30/02 Cur Smk
KINGSLEY, LENA	103143	FACILITY #2	F	38	1,2; 06/17/02 NTU
SANTOS, LINDSAY	202742	FACILITY #2	F	43	1,2; 01/23/02 Prev smk
MURRAY, SOPHIA	104227	FACILITY #2	F	44	1; 12/10/01 NTU

Figure 7-56: Sample Patient List, Indicator H.

7.2.28 Indicator I: Asthma

NOTE: This indicator will be included in version 2.1 of the GPRA+ FY03 software, available summer 2003

Indicator Definition: Reduce hospitalizations for asthma. [Based on HP 2010 indicator 24-2.]

Denominator 1: All GPRA User Population patients, broken down into three age groups: under 5; 5 to 64; and 65 and older.

Denominator 2: All Active Clinical patients, broken down into three age groups: under 5; 5 to 64; and 65 and older.

Numerator 1: Patients who have been diagnosed with asthma ever and have had two asthma-related visits in the year prior to the end of the Report period (POV codes 493.*).

Numerator 2: Patients who have been hospitalized at any hospital for asthma in the year prior to the end of the Report period (Admission diagnosis 493.*).

Logic Description: Age of the patient is calculated at the beginning of the Report period. GPRA+ uses ICD codes 493.* in the Purpose of Visit (POV), problem list or admission files to determine Asthma diagnosis.

Patient List Description: Numerators only. A list of patients who meet the Asthma diagnosis criteria in the numerators, with their appropriate denominator identified. Displays the date of the asthma diagnosis, with code; additionally displays the date of hospital admission with asthma diagnosis, designated as "H."

Indicator Targets:

HP1998 baseline for hospitalizations for asthma:	
Under 5	45.6 per 10,000
5-64	12.5 per 10,000
65 and older	17.7 per 10,000
HP2010 target for hospitalizations for asthma:	
Under 5	25 per 10,000
5-64	7.7 per 10,000
65 and older	11 per 10,000

List of Patients diagnosed w/ Asthma, w/ asthma hospitalization, if any						
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE	
EAGLESTAFF, AUBREY JANE	3684	COMMUNITY #1	F	5	1,2; 11/15/01	493.1
MORENI, DEBORAH J.	3698	COMMUNITY #1	F	8	1; 04/01/02	493.0;
REDBIRD, SHIRLEY ROSE	10729	COMMUNITY #1	F	10	1,2; 10/11/01	493.0; H 11/15/01
LONGJAW, SARA H	3575	COMMUNITY #1	F	12	1; 06/13/02	493.0
MEDICINEHORSE, ELOISE	3992	COMMUNITY #1	F	17	1,2; 09/02/01	493.1
MEDICINEHORSE, CRYSTAL	6585	COMMUNITY #1	F	21	1,2; 04/31/02	493.0; H 06/01/02
LITTLEWOLF, ANGELENA MA	2391	COMMUNITY #1	F	24	1; 01/15/02	493.2
NIESEN, MERCI L	2497	COMMUNITY #1	F	29	1; 06/27/02	493.0
FARAWAY, DARLENA MARIA	17430	COMMUNITY #1	F	35	1,2; 09/18/01	493.1

*Figure 7-57: Sample Patient List, Indicator 1.***7.2.29 Indicator J-1: Cardiovascular Disease: Lipids Assessment**

NOTE: This indicator will be included in version 2.1 of the GPRA+ FY03 software, available summer 2003

Indicator Description: Increase the proportion of patients with ischemic heart disease who had a lipids assessment and whose LDL result was good. [Based on HP 2010 developmental indicator 12-16 Increase the proportion of persons with coronary heart disease who have their LDL-cholesterol level treated to a goal of less than or equal to 100.]

Denominator: All patients diagnosed with cardiac disease, defined as at least two visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (410.0-412.* or 414.0-414.9). Broken down by gender.

Numerator 1: Patients who have had *either* a LIPID PROFILE *or* an LDL, an HDL and Triglyceride (TG) (all three).

Numerator 2: Patients with LDL less than or equal to (\leq) 100.

Numerator 3: Patients with LDL between 101-130.

Numerator 4: Patients with LDL between 131-160.

Numerator 5: Patients with LDL greater than (>) 160.

Logic Description: Patients are defined for the denominator as at least two visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.* or 414.0-414.9 recorded in the V POV file).

For each numerator, counts all Y instances reported, regardless of the results of the measurement. For each of the tests described in the numerator, GPRA+ searches for the last test done in the year prior to the end of the Report period.

GPRA+ uses the following to define the tests:

Test	CPT Codes	LOINC Codes (TBD)	Taxonomy
Lipid Profile	80061		DM AUDIT LIPID PROFILE TAX
LDL	80061; 83721		DM AUDIT LDL CHOLESTEROL TAX
HDL	83718		DM AUDIT HDL TAX
Triglyceride	84478		DM AUDIT TRIGLYCERIDE TAX

Patient List Description: List of Patients diagnosed with ischemic heart disease, with the date displayed of any tests described in the numerators, with the LDL value, if any.

Indicator Targets: TBD

IHS 2010 target not established	
HP2010 target not established	developmental

List of Patients diagnosed w/ CVD, w/ LDL value, if any					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
KING,NASHEENA KAYLENE	9060	COMMUNITY #1	F	36	
SWANK,JEANNE	2759	COMMUNITY #1	F	43	LP; 10/10/01 145.8
WEIDE,ANN C	4027	COMMUNITY #1	F	48	06/30/01 98.5
KEWENIYOUNA,RAMONA MAR	128	COMMUNITY #1	F	60	LP; 03/15/01
WARD,EVA MAE	6103	COMMUNITY #1	F	60	LP; 11/23/01 81.8
WHISTLINGELK,KIMBERLY	505	COMMUNITY #1	F	61	
GRANBOIS,ASHLEIGH DELA	10604	COMMUNITY #1	F	83	09/14/01
GOODIRON,JEROMY M	26189	COMMUNITY #1	M	24	
ENOS,VERNON I	6696	COMMUNITY #1	M	40	LP; 06/03/01 137.0
FLYNN,DELET LEATH	6566	COMMUNITY #2	F	41	
JEFFERSON,TERRI JO	2450	COMMUNITY #2	F	47	LP; 10/28/01 145.3
STEWART,TYLER JR DALE	3599	COMMUNITY #2	M	54	
EDWARDS,AMOS ARDELL	1006	COMMUNITY #2	M	76	05/11/01 123.6

Figure 7-58: Sample Patient List, Indicator J-1.

7.2.30 Indicator J-2: Cardiovascular Disease: Hypertension

NOTE: This indicator will be included in version 2.1 of the GPRA+ FY03 software, available summer 2003

Indicator Description: Increase the proportion of patients with ischemic heart disease who had optimal or controlled blood pressure.

Denominator: All patients diagnosed with cardiac disease, defined as at least two visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (410.0-412.* or 414.0-414.9). Broken down by gender.

Numerator 1: Patients with **optimal** Blood Pressure (BP), defined as the mean systolic value is less than or equal to (\leq) 130 AND the mean diastolic value is less than or equal to (\leq) 80.

Numerator 2: Patients with **controlled** Blood Pressure (BP), defined as the mean systolic value is greater than ($>$) 130 and less than or equal to (\leq) 139 AND the mean diastolic value is greater than ($>$) 80 and less than or equal to (\leq) 90.

Numerator 3: Patients with **uncontrolled** Blood Pressure (BP), defined as the mean systolic value is greater than ($>$) 139 and less than or equal to (\leq) 159 AND the mean diastolic value is greater than ($>$) 90 and less than or equal to (\leq) 100.

Numerator 4: Patients with **severe uncontrolled** Blood Pressure (BP), defined as the mean systolic value is greater than ($>$) 159 AND the mean diastolic value is greater than ($>$) 100.

Numerator 5: Patients with **undetermined** BP, defined as patients with less than 2 blood pressures documented at non-ER visits in the year prior to the end of the Report period.

Logic Description: Patients are defined for the denominator as at least two visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.* or 414.0-414.9 recorded in the V POV file).

For each of the numerators, GPRA+ uses the last 2 Blood Pressures documented on non-ER visits in the year prior to the end of the Report period. The mean Systolic value is calculated by adding the last 2 systolic values and dividing by 2. The mean Diastolic value is calculated by adding the diastolic values from the last 2 blood pressures and dividing by 2. If the systolic and diastolic values do not BOTH meet one of the four categories listed above, then the value that is *least* controlled determines the category.

Patient List Description: List of Patients diagnosed with ischemic heart disease. Displays the mean blood pressure value, if any, and designates OPT for Optimal (Numerator 1), CON for Controlled (Numerator 2), UNC for Uncontrolled (Numerator 3), and SUNC for Severe Uncontrolled (Numerator 4).

Indicator Targets: TBD

HP 2010 Goal for % of adults with high blood pressure (140/90)	16%
----------------------------------------------------------------	-----

List of Patients diagnosed w/ CVD, w/ mean BP, if any						
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE	
KING,NASHEENA KAYLENE	9060	COMMUNITY #1	F	36	131/70	CON
SWANK,JEANNE	2759	COMMUNITY #1	F	43	u	
JEROME,ALGERNON H	15832	COMMUNITY #1	M	27		
RUNNINGBEAR,CATHERINE	22069	COMMUNITY #2	F	45		
WEIDE,ANN C	4027	COMMUNITY #2	F	48	141/80	UNC
MORENI,DEBORAH J.	3698	COMMUNITY #2	F	51		
MARTELL,ELIZABETH ANN	1426	COMMUNITY #2	F	53		
BEARING,JAQI ROSE	3448	COMMUNITY #2	F	54	127/76	OPT
ROUND,NEVADA RAE	2513	COMMUNITY #2	F	56	125/73	OPT
GOODIRON,JEROMY M	26189	COMMUNITY #2	M	24	u	
GRAY,JOSEPH	8930	COMMUNITY #2	M	38	160/105	SUNC

Figure 7-59: Sample Patient List, Indicator J-2.

7.2.31 Indicator J-3: Cardiovascular Disease: Tobacco Use Rates

NOTE: This indicator will be included in version 2.1 of the GPRA+ FY03 software, available summer 2003

Indicator Description: Increase the proportion of patients with ischemic heart disease who were screened for tobacco use and received patient education on tobacco cessation.

Denominator: All patients diagnosed with cardiac disease, defined as at least two visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (410.0-412.* or 414.0-414.9). Broken down by gender.

Numerator 1: Patients who have been screened for tobacco use in year prior to the end of the Report period, using Health Factors or tobacco-related diagnosis.

Numerator 2: Patients identified as tobacco users, using Health Factors or tobacco-related diagnosis.

Numerator 3: Patients counseled on tobacco cessation, identified by patient education codes.

Numerator 4: Patients in tobacco cessation programs, defined as clinic code 94.

Numerator 5: Number of people who have quit, identified by Health Factors.

Logic Description: Patients are defined for the denominator as at least two visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.* or 414.0-414.9 recorded in the V POV file).

For numerator definitions, all existing national Tobacco Health Factors are listed below with the numerator they apply to.

Health Factor	
CESSATION-SMOKELESS	Numerators 1, 5
CESSATION-SMOKER	Numerators 1, 5
CURRENT SMOKELESS	Numerators 1, 2,
CURRENT SMOKER	Numerators 1, 2,
NON-TOBACCO USER	Numerator 1
PREVIOUS SMOKELESS	Numerators 1, 5
PREVIOUS SMOKER	Numerators 1, 5
SMOKE FREE HOME	Numerator 1
SMOKER IN HOME	Numerator 1
CURRENT SMOKER & SMOKELESS	Numerators 1, 2,
EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE	Numerator 1

GPRA+ also uses the following definitions for identifying the numerators:

Current Smokers (Numerator 2)	Diagnosis 305.1* or V15.82
Tobacco Cessation Counseling (Numerator 3)	Patient Education codes: TO-QU (tobacco quit), TO-LA (tobacco lifestyle adaptation) Dental Code D1320 – tobacco counseling
Tobacco Cessation Program (Numerator 4)	Clinic code 94

Patient List Definition: List of patients diagnosed with ischemic heart disease with any Tobacco Health Factor or tobacco-related diagnosis in past year.

Indicator Targets: TBD

IHS 2003 target for screening	TBD
IHS 2010 target for annual tobacco screening	100%

List of Patients diagnosed w/ CVD, w/ tobacco status							
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE		
NECKLACE, MARY	19765	COMMUNITY #1	F	37	12/02/01	ETS	
SMITH, MARY	19840	COMMUNITY #1	F	38			
EDWARDS, ANITA	19930	COMMUNITY #1	F	39	11/13/01	Smk in Home	
POND, SARA	19936	COMMUNITY #1	F	45	03/01/02	NTU	
ISENHART, RENA DAWN	19973	COMMUNITY #2	F	48			
WOLFBLACK, LEANNE JANEL	20001	COMMUNITY #2	F	53	04/15/02	305.1; TO-QU	
HOGAN, YVONNE BONNIE	20108	COMMUNITY #2	F	55			
SWAN, LYNELL LEE	20150	COMMUNITY #3	F	57	06/05/02	Cur Smk/Smkl	
WHITEDIRT, REBECCA	20162	COMMUNITY #3	F	60	08/19/01	Prev Smkr; 94	
POLEVIYUMA, MARLEE JORD	20260	COMMUNITY #3	F	61			
BEARING, JAQI ROSE	3448	COMMUNITY #3	F	69			
ROUND, NEVADA RAE	2513	COMMUNITY #4	M	47	09/14/01	Cur Smkr; TO-QU 94	
GOODIRON, JEROMY M	26189	COMMUNITY #4	M	59			

Figure 7-60: Sample Patient List, Indicator J-3.

7.2.32 Indicator J-4: Cardiovascular Disease: Obesity

NOTE: This indicator will be included in version 2.1 of the GPRA+ FY03 software, available summer 2003

Indicator Description: Increase the proportion of patients with ischemic heart disease whose BMI can be measured and decrease proportion of patients who are overweight.

Denominator: All patients diagnosed with cardiac disease, defined as at least two visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (410.0-412.* or 414.0-414.9). Broken down by gender.

Numerator 1: Patients for whom a BMI could be calculated.

Numerator 2: For those with a BMI calculated, those considered overweight but not obese using BMI and standard BMI tables.

Numerator 3: For those with a BMI calculated, those considered obese using BMI and standard BMI tables.

Numerator 4: Total of Numerators 2 and 3, all overweight patients.

Logic Description: GPRA+ calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time in the year prior to the end of the Report period. For 19 through 50, BMI within last five years. For over 50, BMI within last two years.

Overweight but not obese is defined as BMI of 25 through 29 for adults 19 and older; for ages 2-18, based on standard tables.

Obese is defined as BMI of 30 or more for adults 19 and older; for ages 2-18, based on standard tables.

Patient List Description: List of patients diagnosed with ischemic heart disease with BMI, if available.

List of Patients diagnosed w/ CVD, w/ BMI, if available						
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE	
NECKLACE, MARY	19765	COMMUNITY #1	F	37	26.12	OV
SMITH, MARY	19840	COMMUNITY #1	F	38		
EDWARDS, ANITA	19930	COMMUNITY #2	F	39		
POND, SARA	19936	COMMUNITY #2	F	45	24.08	
ISENHART, RENA DAWN	19973	COMMUNITY #2	F	48	30.77	OB
WOLFBLACK, LEANNE JANEL	20001	COMMUNITY #3	F	53		
HOGAN, YVONNE BONNIE	20108	COMMUNITY #3	F	55		
SWAN, LYNELL LEE	20150	COMMUNITY #3	F	57		
WHITEDIRT, REBECCA	20162	COMMUNITY #3	F	60	25.48	OV
POLEVIYUMA, MARLEE JORD	20260	COMMUNITY #3	F	61		
BEARING, JAQI ROSE	3448	COMMUNITY #4	F	69		
ROUND, NEVADA RAE	2513	COMMUNITY #4	M	47		
GOODIRON, JEROMY M	26189	COMMUNITY #4	M	59		

Figure 7-61: Sample Patient List, Indicator J-4

7.2.33 Indicator J-5: Cardiovascular Disease: Exercise Education

NOTE: This indicator will be included in version 2.1 of the GPRA+ FY03 software, available summer 2003

Indicator Description: Increase the proportion of patients with ischemic heart disease who are receiving patient education about the benefits of exercise.

Denominator: All patients diagnosed with cardiac disease, defined as at least two visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (410.0-412.* or 414.0-414.9). Broken down by gender.

Numerator: Patients who are provided patient education about exercise during the year prior to the end of the Report period.

Logic Description: GPRA+ uses the following patient education codes to define the numerator.

Exercise	ending "-EX" (Exercise) ending "-LA" (Lifestyle Adaptation) containing "OBS-" (Obesity)
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Patient List Description: List of patients diagnosed with ischemic heart disease and date that exercise education was provided with code, if any.

List of Patients diagnosed w/ CVD, w/ exercise education, if any							
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE		
EAGLESTAFF,AUBREY JANE	3684	COMMUNITY #1	F	14	10/22/01	CAD-EX	
MORENI,DEBORAH J.	3698	COMMUNITY #1	F	25	04/01/02	DM-EX	
REDBIRD,SHIRLEY ROSE	10729	COMMUNITY #2	F	28			
LONGJAW,SARA H	3575	COMMUNITY #2	F	31	01/14/02	DEP-EX	
MEDICINEHORSE,ELOISE	3992	COMMUNITY #2	F	37			
MEDICINEHORSE,CRYSTAL	6585	COMMUNITY #2	F	38			
LITTLEWOLF,ANGELENA MA	2391	COMMUNITY #2	F	45			
NIESEN,MERCI L	2497	COMMUNITY #3	F	51	06/13/02	250.00-EX	
FARAWAY,DARLENA MARIA	17430	COMMUNITY #4	F	65			

Figure 7-62: Sample Patient List, Indicator J-5

7.2.34 Indicator J-6: Cardiovascular Disease and Mental Health

NOTE: This indicator will be included in version 2 of the GPRA+ FY03 software, to be available summer 2003.

Indicator Description: Identify the proportion of patients with ischemic heart disease who are diagnosed with depression or anxiety.

Denominator: All patients diagnosed with cardiac disease, defined as at least two visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (410.0-412.* or 414.0-414.9). Broken down by gender.

Numerator: Patients in the denominator with a diagnosis of depressive disorders, defined as at least two visits with diagnosis 296.0-313.1 in the year prior to the end of the Report period.

Logic Description: The numerator is defined as at least two visits with diagnosis of depressive disorders (purpose of visit 296.0-313.1 recorded in V POV file) in the year prior to the end of the Report period.

Patient List Description: List of patients diagnosed with ischemic heart disease with date and code of recent depressive diagnosis, if any.

List of Patients diagnosed w/ CVD, w/ depression diagnosis, if any							
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE		
EAGLESTAFF,AUBREY JANE	3684	COMMUNITY #1	F	14	10/22/01	410.0	
MORENI,DEBORAH J.	3698	COMMUNITY #1	F	25	04/01/02	412.1	
REDBIRD,SHIRLEY ROSE	10729	COMMUNITY #1	F	28			
LONGJAW,SARA H	3575	COMMUNITY #2	F	31	01/14/02	410.0	
SMITH,ELOISE	3992	COMMUNITY #3	F	37			
MEDICINEHORSE,CRYSTAL	6585	COMMUNITY #3	F	38			
LITTLEWOLF,ANGELENA MA	2391	COMMUNITY #4	F	45			
NIESEN,MERCI L	2497	COMMUNITY #4	F	51	06/13/02	414.9	
FARAWAY,DARLENA MARIA	17430	COMMUNITY #4	F	65			

Figure 7-63: Sample Patient List, Indicator J-6.